

THE PRESBYTERIAN HOSPITAL

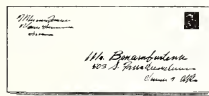
OF THE CITY OF CHICAGO

Chicago, Illinois

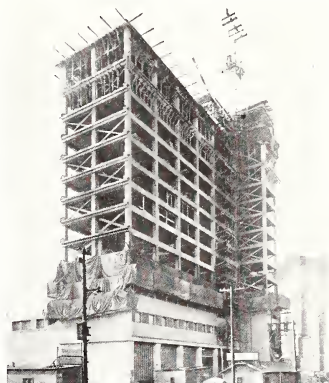
JANUARY - FEBRUARY, 1951

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New Nurses' Residence on January 4

TO THE FRIENDS OF THE PRESBYTERIAN HOSPITAL:

THIS is a progress report to inform you with respect to the status of (a) the campaign for funds which started Apr. 13, 1950; (b) the construction of the Nurses' Home; (c) the plans of the Board of Managers relative to the Hospital's future building program.

A. The Fund. The goal was established at \$5,500,000. As of Jan. 25, 1951, \$3,100,000 has been subscribed of which almost \$2,000,000 has been paid. The drive will continue at a somewhat more moderate pace than that of the last few months until this goal is reached. The Memorial Gifts committee will be reorganized and reduced in numbers for continued solicitation. The Corporations committee will continue as presently constituted. The Special Gifts committee has been discharged with thanks after a very successful campaign, but its officers will continue as a nucleus to further the work of the Hospital. All other committees will continue their activities. On or about Feb. 7 the office of the Fund will be transferred from the First National Bank Building to the Hospital.

B. The Nurses' Home. The building is between 45% and 50% complete; the contractor tells us that it will be ready for occupancy in the fall of 1951. Included in this project is the tunnel under Harrison St. connecting the Nurses' home with the Hospital, the modernizing of the

main laundry, and of the boiler room. These total projects presently under firm contracts amount to \$3,300,000.

C. Future Plans. The Board of Managers has directed the architects to complete plans for the addition of two floors on the Rawson Building to permit the much needed expansion of our research facilities, and also to study a possible rearrangement of our surgical floor in the present building in substantial conformity with the diagrams presented in the original brochure. The appropriate members of the medical staff and administration will work with the architects in this definitive planning. When these plans have been prepared and approved by the Managers, and construction estimates secured, the Managers hope and believe they will be able to direct the immediate construction of these additions and improvements.

Inasmuch as the national economy has been converted to a national defense program, with resulting restrictions on many raw materials and a heavy demand upon the medical world for physicians and nurses to enter the armed forces, it is the unanimous decision of the Executive Committee of the Board of Managers that it would be most inadvisable at this time to proceed with any construction, the main purpose of which would be to increase the number of patient beds at the Hospital. We believe we should not

build when we might be forced to use inferior material and even perhaps be forced to build in a manner which would not be that of our free choice. Furthermore, when our house staff is reduced—as it will be—by the induction into the armed forces of our young doctors, we shall not have a sufficient number remaining with us properly to staff additional beds.

Until the national economy warrants further additions and improvements, we will segregate building funds subscribed for the Hospital pavilion and hold them inviolable for such use. During this interim we confidently expect to obtain from our many friends additional funds for the same purpose, so that we shall not need to draw on our unrestricted invested funds and use them for bricks and mortar.

With sincere thanks for what you have done for the Hospital in the past, and with high hopes for the success of the second phase of this drive, we are,

Sincerely yours,
Franklyn B. Snyder,
President, Board of Managers
Albert B. Dick, Jr.,
Chairman, Building Fund

Begins 51st Year of Employment

On Jan. 2 Henry P. Fitzgerald, 77, began his 51st year of employment at Presbyterian Hospital. And while today he continues to work in the same department, doing much the same kind of work, there have been a few changes.

Today "Fitz" is curator of one of the finest scientific museums in the country. Fifty years ago, under the supervision of Dr. Edwin LeCount, he began to organize approximately 200 specimens which were on hand at that time.

Dr. Ludwig Hektoen was pathologist then, but Dr. LeCount supervised the department for him and later became chairman of pathology himself. Fitz worked under two other pathologists, Dr. George J. Rukstinat, and Dr. Carl W. Apfelbach, before Dr. George M. Hass, present chairman, came in 1945.

Together Dr. Hass and Fitz reviewed the 4,000 accumulated specimens. More than a thousand of them were discarded for one reason or another, but some of the original specimens are still on hand. The oldest is a fetus of siamese twins, estimated by Fitz to be nearly 70 years old.

Today specimens of small pox, typhoid and diphtheria are almost rare, and are saved mostly for teaching purposes. Not many years ago such tissue was plentiful and Fitz points out the progress made in prevention and cure of these diseases.

The museum work takes only a third of Fitz's time. The rest of his day is devoted to surgical pathology, pre-

paring tissue brought from surgery for microscopic study indexing and filing the diagnostic records of the pathologists and selecting and arranging on specially lighted shelves such specimens as are appropriate to the day's teaching program for medical students and student nurses.

Fitz seldom has been sick, and was hospitalized only once — and then for only one week.

To mark this 50th anniversary, the Hospital planned a buffet luncheon as a surprise. Mrs. Fitzgerald was smuggled into the department, and the seminar room in Pathology took on a pretty festive appearance.

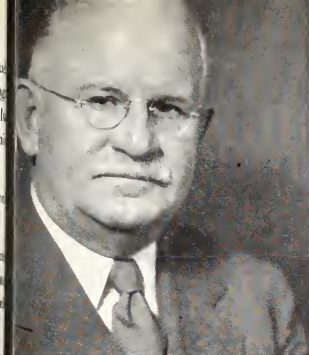
Staff members and the entire personnel of the hospital were invited to the party, and the well-wishers filed through the room between 11:00 and 12:00 in a continuous parade.

Following the luncheon more formal congratulation were extended to the man most staff men have known since their student days. Mr. Franklyn B. Snyder spoke for the Board of Managers, and the Hospital was represented by Mr. Leslie D. Reid. The savings bond was a gift from the institution.



Mr. and Mrs. Henry P. Fitzgerald share the day's happiness with (from left) Dr. Edwin M. Miller, Dr. W. A. Thomas, Dr. R. C. Brown, Dr. Harry Boysen, Dr. Edward Allen, Dr. W. G. Hibbs, Dr. Vernon C. David, Dr. F. H. Straus, and Dr. H. N. Sanford.

Dr. H. N. Sanford presented the purse for the medical staff, and generous praise and good wishes came from Dr. W. G. Hibbs, Dr. Vernon C. David, and Dr. George M. Hass who also added that Fitz would be a Pathology employee just as long as he wished to stay on the job.



Dr. Carl Braden Davis, Sr.

Senior Surgeon Dies

Dr. Carl Braden Davis, the eldest surgeon on the staff of Presbyterian Hospital, died in his Winnetka home on Dec. 11, 1950.

In 1905, after serving an internship and residency at Presbyterian, he became a member of the staff with an appointment as assistant surgeon. He was on the consulting staff at the time of his death.

Although a general surgeon, Dr. Davis engaged in some of the earliest bowel surgery done in Chicago.

An active individual physically, Dr. Davis often exhibited greater energy and more agility in running up several flights of Hospital steps than did his younger interns. He enjoyed hunting and fishing and all aspects of outdoor life.

A mechanical workshop at home was his favorite indoor hobby.

Dr. Davis was born in Chicago on Oct. 9, 1877, the son of a South Side surgeon. He received his B.S. from the University of Chicago in 1900 and his M.D. from Rush Medical College in 1903.

At one time Dr. Davis was also on the staffs of Evanston and Cook County Hospitals. He was a member of the faculty of Rush Medical College and later of the University of Illinois.

And he belonged to the American Surgical Association, Society of Clinical Surgery, Western Surgical Association, Central Surgical Assn., Chicago Surgical Society, American Medical Assn., Institute of Medicine of Chicago, Chicago Medical Society, and American College of Surgeons.

In 1907 Dr. Davis married Florence Elsie Booth. To them were born three children, Dr. Carl, Jr., also a member of the Staff, Mrs. Dorothy Davis McKinnon, and John Booth Davis. Mrs. Davis died in 1933.

Surviving are his children, his widow, Mrs. Virginia Winslow Davis, and a brother, Dr. George G. Davis of Anchorage, Alaska.

Alumnus Tells of Mission Work

Fifty miles east and 50 miles north of the port of Douala on the west coast of Africa there is a mission hospital named Sakbayeme (pronounced Sock-by-emee). The management of this hospital, its four jungle clinics, and its school of nursing has been under the sole direction of one white woman, Miss Marabelle Taylor of Rochester, Minn.

Miss Taylor is a graduate of our school of nursing, class of 1936, and began her missionary work in 1938. Her first assignment was to Central Hospital in Elat, and in 1948 she was sent to Sakbayeme "on her own".

Last fall when she returned to the States on furlough the Mission asked Miss Taylor to prepare herself for the study of tropical diseases. For this preparation she returned to Presbyterian Hospital.

At present she is auditing "Tropical Medicine" under Dr. Carroll L. Birch at the University of Illinois and studies here under the direction of Dr. George M. Hass, pathologist, maneuvering her laboratory schedule to fit speaking assignments in and about Chicago. The Woman's Board invited her to be guest speaker at their Jan. 8 meeting and she told them something about her work and the hospital she manages.

Sakbayeme is actually two hospitals. One is a 200-bed general hospital and the other a leper hospital with 220 beds and an orphanage for babies.

In the general hospital Miss Taylor said there is one operating room with five tables in use simultaneously. The one set of surgical instruments is shared.

Conditions are a little different in the wards, too. Cottages house the patients and the hospital provides only the bed. Each patient brings his own bedding, mattress and food. And his family comes along to feed and care for him.

Her medical staff consisted of one surgeon-physician who traveled periodically from Elat, a distance of 215 miles. He had, however, 30 national medical assistants who had been, or were being, trained in the hospital's teaching program.

Miss Marabelle Taylor planned to be a missionary as long as she can remember. Worked as visiting nurse before going to Africa.



Many of these assistants operated under the doctor's supervision, but only a few of them were sufficiently skilled to handle emergency operations in the doctor's absence.

These medical assistants come to the hospital as young men. They must have at least attempted eighth grade work, and between the efforts of the visiting doctor and Miss Taylor they were trained in theory and practice.

The surgeon teaches as he operates. Later he conducts classes in anatomy, surgical technique and obstetrics. There are other classes in the dispensing of drugs, diagnosis and treatment, simple laboratory explanations, and in dressings and nursing techniques. Miss Taylor assists in this teaching.

The training program for a medical assistant begins with a three-year apprenticeship. Following an examination, the next step is a four-year apprenticeship in surgery, medicine, and obstetrics. Then there is a second and third four-year term to complete their studies. And by this time they are capable of performing such complicated techniques as strangulated hernias and cesarean sections.

But as long as these medical assistants remain at the hospital they are required to attend all classes offered.

The assistants who work away from the hospital usually go to other stations to be in charge of a dispensary. Some hope to go up the Coast for further study. Today they are becoming more and more discontented with their limited knowledge of medicine.

The school of nursing of Sakbayeme Hospital has an average enrollment of 30 students who are accepted on the recommendation of the village pastor. Their education ranges from the fourth grade up.

Since three-fourths of these students will marry before completing the two-year course, Miss Taylor has planned a practical education stressing cleanliness and child care.

The students are taught to use first aid for burns and cuts instead of wrapping leaves and ashes around the affected area. The importance of washing their hands and boiling water is new, too, when a girl has learned from her mother that babies should be bathed by warming the water in the mouth and spraying it on the infant.

Miss Taylor teaches the course in child care herself and insists that each student attend the classes even though she has already taken the course several times. By repetition Miss Taylor hopes to impress upon the girls the new techniques and treatments so foreign to their customs.

At present the course is based on notes Miss Taylor made from medical textbooks, but when she returns to her mission she expects to write a textbook in the Basa dialect, the first nursing textbook to be written in that language.

She says the student nurses prepare their own food, and take care of most of their own laundry. They wear a blue and white checked uniform with blue apron and blue headscarf. The graduates wear white.

The social standing of a student or graduate nurse is raised considerably by her training. Men expect to pay

3,000 francs for a bride, and they willingly pay much more for the bride who has had some nursing education and as much as 100,000 francs for the graduate nurse.

In the villages these brides have considerable influence in bringing the sick to the hospital for surgery or treatment and in the gradual acceptance of the doctor rather than the medicine man.

Miss Taylor has adapted herself to conditions and equipment made available to her with only a few calamities. She rode her motor bike between the hospital and the leper colony until an accident broke both the bike and her nose.

She has helped to build a bridge over a rain-swelled river so the doctor could get through to operate. And as a routine procedure has washed gauze bandages as many as thirty and forty times before discarding them. But one situation was almost too much for her. Learning to play a two-manual organ.

"When you have only had a meager training in piano as a child you are not really prepared to tackle 176 keys and footpedals, too! Certainly, those first few Sundays were the most embarrassing days in my life."

Since she has a mixed choir of student nurses and medical assistants she must have mastered the "ten easy lessons" without the aid of a correspondence course. And when she returns to Sakbayeme in May everything should be "in tune".

Elected IHA President

On Jan. 1 Mr. Leslie D. Reid, superintendent, assumed the duties of president for the Illinois Hospital Association. He has served as president-elect during 1950 and during the two previous years was secretary-treasurer.

The IHA is an organization of 230 state-wide hospitals organized to discuss and work out mutual problems such as legislation, nursing, insurance, etc.

In addition to his new duties as president, Mr. Reid also serves as director of the Welfare Council of Metropolitan Chicago and as secretary-treasurer of the Chicago Hospital Council.

Woman's Board Memorial Fund

During Jan. and Feb. gifts were received in memory of:

Mrs. Cameron Barber	Mr. Fred Kagemann
Mrs. Daniel J. Brumley	Miss Ellen J. Kinsella
Dr. Carl B. Davis	Mr. Frank Macomber
Mr. Homer L. Dixon	Mrs. Newell Matthews
Mr. Elmer A. Forsberg	Mr. and Mrs. M. H. Remen
Dr. L. C. Gatewood	Miss Helen Rubloff
Mr. Joseph Hektoen	Mr. Raymond F. Smith, Jr.
Mrs. John B. Hench	Dr. Roger T. Vaughan
Mr. Edward Kagemann	Mr. William Wieboldt
Mrs. Frank Woods	

Unless otherwise designated, such gifts are added to the Asa S. Bacon Fund, income from which provides special nursing care for seriously ill ward patients who are unable to pay a private nurse. Gifts commemorating a birthday, anniversary or bereavement should be sent to: Mrs. Anthony L. Michel, 1170 Oakley Ave., Winnetka, Ill.

Calling Station N-U-R-S-E

Throughout the hospital there are the usual signal devices to summon a nurse to the patient's bedside. But on the fifth floor of the pavilion wing a new instrument has been installed which brings the patient to the nurse.

They call it an Executone.

Actually, it is an intercommunication system which hooks up the 30 private rooms on that floor with the nursing station. So without leaving her desk the nurse can talk with one, several or all 30 rooms.

In appearance the Executone cabinet is something like a table-model radio. It has a grill front to disguise the speaker and down the right hand side are three panels of push buttons which identify the patient's room. These buttons light up when the patient signals.

On the lower left hand side of the cabinet, just below the speaker, is a long bar like the space bar on a typewriter. This bar opens the speaker in the patient's room so the voice from the station can be heard. The push buttons on the Executone cabinet open the speaker in the nursing station for the *patient* to be heard.



Patient talks to nursing station from her bed.

In the room a convenient hand cord provides the signaling device. It is plugged into a small metal case fastened to the wall. Inside the case is the speaker and a microphone so sensitive as to pick up the heavy breathing of a patient and to permit her to be heard at the nursing station without raising her voice or turning her head.

On the metal wall case is a switch to shut off the Executone service when the patient has visitors or wishes privacy. But under ordinary circumstances the system works like this.

A patient signals the nursing station, and the nurse in charge answers him. When his request is for a routine



Miss Edna H. McCullough demonstrates the Executone.

service, an orderly or nurse's aid is sent. Nurses then can devote their time to requests for professional services.

The head nurse can "tune in" on a room to check the condition of a patient, listen to his breathing, or ask him how he feels. Telephone messages can be quickly relayed, and many times the patient-nurse conversation eliminates a second trip for supplies.

So far the Executone has proved to be an excellent idea, and the chances are the service will be extended.

New Arrival

Newest member of the hospital "family" is a vigorous young offspring bearing strong resemblance to our medical staff, and also showing promise of a personality not unlike our Woman's Board.

No name has been decided upon as yet, but rumor says it will be "The Doctors' Wives."

This youngest addition to the family arrived last November, after a questionnaire sent to the 128 staff-wives promised strong support for such a group. The first public appearance was made during the holidays when the "Wives" served hot punch and gingerbread cookies in the lobby of the Hospital.

And this "flavorable" beginning was just a cue to the work they have planned for the organization. Most of it is in the cause of hospitality.

They'll begin by getting acquainted with the wives of interns and residents and by helping them in any way they can. This could lead to *anything* from baby sitting to apartment hunting!



From left, Mrs. Edward D. Allen, Mrs. E. H. Fell, Mrs. John M. Dorsey, Mrs. Harry Boysen and Mrs. George W. Stuppy served hot spicy punch (Mrs. Allen's recipe) to a steady line of customers — patients, visitors and hospital personnel — last Dec. 23. They're members of the newly organized Doctors' Wives.

When the new hospital wing is added the "Wives" plan to sponsor a special project. Until then they may just lend their support to the projects of the Woman's Board, in which they will have representation.

Mrs. John M. Dorsey is serving as president during the organization of the group, and Mrs. Harry Boysen is nominating committee chairman.

Cornerstone Contents Revealed

Generally the contents of a cornerstone remain a secret until a building is torn down, perhaps 100 or 150 years after it is erected. But here's an advance report by a century or so:

When the box is opened, a student nurse will be able to learn something of her predecessor in 1950, by glancing at a catalog of the School of Nursing, a folder on the degree program in nursing, programs of capping in March and August, of commencement in April, and of University of Illinois commencement in June.

She'll be able to look at 1950 rules for credited schools of nursing in Illinois, a student handbook, articles of incorporation and by-laws of the Alumnae Association of the School of Nursing, the Alumnae Association list of officers and meetings for the year, alumnae newsletters for March, June, and September, and a special tribute to Dr. Lee C. Gatewood, physician for the school for many years, along with a receipt for a donation of \$124.88, which the students and graduate nurses gave to the Hospital in his memory.

Those people of the future who are interested in the administrative side of the Hospital's history will have 1949 Annual Reports of the Hospital and the Woman's Board to go by, a 60th anniversary report (1883-1943), a monthly operating statement for Oct. 1950, and a comparison of operating results and statistics for 1946-47-48-49.

They will also be able to read 1950 Bulletins issued in January, March, April, May, June-July, August-September, October, and November, a mimeographed booklet describ-

ing research projects in progress as of Nov. 13, the 1950 training manual for interns and residents, a list of room rates in effect Nov. 8, and a comparison of x-ray rates at Presbyterian, Wesley, Michael Reese, and Passavant hospitals on Nov. 15.

And future financial campaigners will be able to see how a campaign was conducted in 1950 by reading such folders and brochures as "Toward New Horizons," which states the Hospital building program, "The Expanding Horizon," "Presbyterian Hospital Serves You — Your Family — Chicago Area — Medical Science" and "Blueprint for Success."

The box also contains an invitation to the dinner which launched the program Apr. 13, a letter from Mr. R. E. Wood, chairman of the board of Sears, Roebuck and Co., to Ralph A. Bard in connection with the fund drive, a program of the Special Gifts committee's opening dinner Nov. 20, a statement by Mr. Franklyn B. Snyder with pertinent quotes from outstanding citizens, an Alumnae Association letter to former graduates regarding subscriptions to the drive, a pledge card, and a solicitor's authorization to receive pledges.

Ten pictures dealing with the demolition of the old laboratory building (which stood at the site of the uncompleted nurses' home) and showing the progress made in the construction to Nov. 6 found their way into the box too.

And lastly, an invitation to the cornerstone laying ceremony, a Fact Book of the Medical Center District, published in Nov. 1948, which tells of the developments going on or proposed in the District, and Nov. 28 issues of the *Chicago Tribune*, *Chicago Daily News*, and *Chicago Herald-American*, and a Nov. 29 edition of the *Chicago Sun-Times* completed the items preserved for posterity.

Student nurses heard the March class was still considering applications and they found their own prospective enrollee. The snowy miss, complete with student uniform and cap, was built by, rear, l. to r., Betty Parks, Gloria Auerbach, and Carol Katt, front, l. to r., Sally Ransdell, Mary Cline, and Lynn Kauffman. Estella Boggs was not available for the picture.



MEDICAL STAFF NEWS

When the Chicago Surgical Society conducted its clinical session at Presbyterian Hospital on the morning of Jan. 5, ten of the eleven doctors who participated in the program were from our surgical staff.

The visitors spent two hours in the operative clinic before papers were presented by Dr. Edwin M. Miller, Dr. James A. Campbell, Dr. Frederic A. dePeyster, Dr. John M. Dorsey, Dr. E. H. Fell, Dr. John H. Olwin, Dr. Danely P. Slaughter, Dr. Adrien Verbruggen, Dr. Clarence W. Monroe, and Dr. R. Kennedy Gilchrist.

Luncheon was served in the chapel after the meeting.

In the evening, the Society had its scientific session at the University Club of Chicago and Dr. Fell and Dr. Carl B. Davis, Jr. were two of the speakers.

* * *

Dr. Warren H. Cole spoke on "Acute and Chronic Pancreatitis" before the Englewood Branch of the Chicago Medical Society recently.

And at the meeting of the Chicago Surgical Society, he discussed "Treatment of Wounds and Burns in Atomic Warfare."

* * *

At a dinner meeting of the Milwaukee Surgical Society, Dr. Edwin M. Miller discussed "Surgery in Infancy and Childhood."

* * *

Dr. James B. FitzGerald, who at one time was on the staff of Presbyterian Hospital, died in December.

* * *

When the American Academy of Dermatology met at the Palmer House, Dr. Francis E. Seneear represented the American Board of Dermatology and Syphilology and lectured on "Chronic Pemphigus Vulgaris."

At the same meeting, Dr. Michael H. Ebert was named to the board of directors of the Academy and Dr. Danely P. Slaughter participated in a panel discussion on "Epidermoid Carcinoma of the Skin."

Dr. Slaughter also took part in a panel discussion of "Radiation Therapy" at the meeting of the Radiological Society of North America.

* * *

Promotions of Dr. Stuyvesant Butler and Dr. Alva A. Knight from clinical assistant professors at the University of Illinois Medical School to clinical associate professors were announced recently.

Other promotions were Dr. Herbert C. Breuhaus and Dr. Fred Shapiro from clinical associate to clinical assistant professors, and Dr. Anne Bohning from clinical instructor to clinical assistant professor.

* * *

"Endometriosis" was the title of a paper presented by Dr. Fred O. Priest on Jan. 15 at a County Medical Meeting in Canton, Ohio.

Dr. Edward D. Allen and Dr. Harry Boysen attended a meeting in Ann Arbor, Mich., of the Obstetrical and Gynecological Travel Club.

* * *

A committee led by Dr. Warren H. Cole has been chosen by the dean of the University of Illinois Medical School to select a new head for the Department of Medicine.

Dr. George M. Hass and Dr. Francis E. Seneear will serve on the committee also.

In addition, Dr. Cole has been named a member of a group which will study television facilities for U. of I. professional schools.

Dr. Cole was recently elected vice-president of the Illinois Division of the American Cancer Society and chairman of the Division's Professional Education Committee.

At a series of lectures sponsored by the Society in cooperation with the Illinois and Chicago Medical Societies, Dr. Cole spoke on "Cancer of the Stomach" and Dr. Danely P. Slaughter discussed "Carcinoma of the Lip and Jaw" and "Tumors of the Neck."

* * *

Dr. Herman L. Kretschmer was the first physician to be elected honorary life member of the Toledo Academy of Medicine.

At the Academy's annual meeting in January, he presented a paper entitled "American Medicine on the March."

* * *

Two participants at the debate on endometriosis at last month's meeting of the Chicago Gynecological Society were Dr. Edward D. Allen, who debated on "Certain Etiological Aspects," and Dr. Aaron E. Kanter, who served as one of the judges.

* * *

Dr. Charles D. Anderson has been appointed to help train second and third year medical students at the University of Illinois as assistant anesthetists in case of emergency.

* * *

As a representative of the section on nervous and mental diseases, Dr. Percival Bailey attended the meeting of the House of Delegates of the American Medical Association at Cleveland.

In New York he assisted in conducting examinations for the American Board of Psychiatry and Neurology.

* * *

Taking an active part in the meeting of the International Medical Assembly, sponsored by the Interstate Postgraduate Medical Association were Dr. Herman L. Kretschmer, "The Significance of Frequency of Urination"; Dr. Warren H. Cole, "Carcinoma of the Colon"; and Dr. S. Howard Armstrong, Jr., "Selection of Cases and Practical Points in the Administration of ACTH."

At a Chicago Urological Society meeting, Dr. Carl B. Davis, Jr., Dr. Calvin O'Kane, and Dr. George M. Hass discussed "Transplantation of the Kidney in the Dog."

* * *

Dr. James A. Campbell and Dr. Louis A. Selverstone spoke on "The Effect of Stress on the Failing Heart" at a joint meeting of the Chicago Society of Internal Medicine and the clinical section of the Chicago Heart Association.

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In December, Dr. E. H. Fell had three discussions on his schedule. He spoke on "Surgery for Congenital Heart Disease" before the Regional Clinical Conference of the Illinois Heart Association in Danville, "Mitral Stenosis" at the staff meeting of the Highland Park Hospital, and "Modern Advances in Surgical Management of the Heart and Blood Vessels in Children" before the AAGP Post-Graduate School at the University of Illinois.

* * *

Dr. Stuyvesant Butler, Dr. Richard Hall, and Dr. Heyworth N. Sanford were co-authors of the articles "Observations on the Influence of Intravenous Histamine on Qualitative Platelet Activity in Coagulation" and "An Investigation on the Effect of Benadryl as an Anti-Histaminic," which appeared in the Nov. issue of the *Journal of Laboratory and Clinical Medicine*.

* * *

When a postgraduate conference was held in Elmhurst recently, three of the four doctors participating in the program were from the Presbyterian staff.

Dr. Clayton J. Lundy gave an illustrated lecture on "Anticoagulants in Heart Disease," Dr. Rollin T. Woodyatt read a paper on "Diabetes in Childhood," and Dr. Norris J. Heckel spoke on "Chronic Pyelitis."

* * *

Dr. Samuel G. Taylor, III, Dr. Edwin N. Irons, and Dr. Lindsay M. Baskett discussed "Clinical Complications from Long Term Administration of ACTH and Cortisone" before the Nov. 27 meeting of the Chicago Society of Internal Medicine.

Memorial Gifts

Memorial funds of the Hospital have been increased by recent gifts.

In memory of Dr. Carl B. Davis

From Dr. and Mrs. Arthur E. Diggs	Gen. and Mrs. R. E. Wood
Mr. and Mrs. Franklyn B. Snyder	Dr. and Mrs. E. H. Fell
Mr. and Mrs. Frederick T. Connor	Mr. George D. Smith, II
Mrs. William H. Mitchell	Dr. John M. Dorsey

For Mr. and Mrs. Louis J. Fohr
From Mr. C. Durand Allen

Remembering Mr. Irvin L. Porter
From Mr. Alfred T. Carton
For Mr. Ernest P. Wand
From Mr. Philip R. Clarke

THE PRESBYTERIAN HOSPITAL OF THE CITY OF CHICAGO

Founded in 1883

1753 W. CONGRESS STREET

CHICAGO 12, ILLINOIS

Telephone SEeley 3-7171

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	Clarence S. Woolman

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Harold L. Bowman, D.D.	W. Clyde Howard, D.D.

HONORARY MANAGERS

John McKinlay	John W. Wellington
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ADMINISTRATION

WILLIAM G. HIBBS, M.D.	Medical Director
LESLIE D. REID	Superintendent
REV. LOUIS W. SHERWIN, D.D.	Chaplain

MEDICAL STAFF

HEYWORTH N. SANFORD, M.D.	President
EDWIN M. MILLER	Vice-President
HARRY BOYSEN	Secretary-Treasurer

WOMAN'S BOARD

MRS. ALLIN K. INGALLS	President
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DEPARTMENT OF NURSING

M. HELENA McMILLAN	Director Emeritus
MISS SYLVIA MELBY	Director

THE PRESBYTERIAN HOSPITAL BULLETIN
DOROTHY VANDAWORKER, Editor

More than 516,000 patients have received care in Presbyterian Hospital since it was founded in 1883 as a not-for-profit institution "for the purpose of affording surgical and medical aid and nursing to sick and disabled persons of every creed, nationality, and color." No one of these patients ever paid the full cost of the services he received. Generous men and women of yesterday, on a purely voluntary basis, built and equipped the hospital and have helped to maintain it. Their benefactions have been far-sighted investments in human welfare. The Board of Managers is confident that friends of humanity today will make similar investments to ease the burden of sickness and promote the further advancement of medical knowledge.

* * *

SIXTY-EIGHT YEARS OF PUBLIC SERVICE
THROUGH PRIVATE INITIATIVE
AND FREE ENTERPRISE

THE PRESBYTERIAN HOSPITAL

OF THE CITY OF CHICAGO

Chicago, Illinois

MARCH, 1951

Vol. 43, No. 2



AND WHO IS MY NEIGHBOR? —(Luke 10:29)

WHEN the Central Free Dispensary was affiliated with Rush Medical College in 1875, it had two objectives of equal importance. The first was to provide a great number of patients for the teaching program of the College, thereby training *better* doctors. The second objective was to furnish *free* and *part-free* medical care to individuals in this community who were unable to pay a private physician.

Many hospital facilities are made available for the care and treatment of these patients, who last year made 83,020 visits to the Dispensary. Staff members give generously of their time and talent to the 28 clinics. And there are certain hospital beds reserved 365 days of the year for the Dis-

pensary patients. Frequently these patients also are given special nursing care through the endowed nurse funds.

And who are these Dispensary patients?

They are all sorts of people of every color and creed, the unemployed, the displaced persons who speak few English words, and the destitute. But sometimes they are from the average family you may meet at the grocery store or in your church. These people have come to the Dispensary when an accident or illness cut off their family income. Sometimes they are very old people who are trying to live on a small pension. Very often they are children with rheumatic fever or congenital heart defects.



1.

The Admission

But regardless of why the patient comes, those eligible for dispensary care must first report to the *Examining Room* for preliminary tests. These tests are identical with the ones made in the Hospital for private patients. They include a blood count, urinalysis, and a chest x-ray as routine, but may also include any other test the doctor orders.

After diagnosis the patient usually is referred to a special clinic for treatment.

1. One of the clinics is for diabetics. Here children, as well as adult patients, are taught to live with their problem and to look after themselves. The youngsters adapt them-



2.



3.

selves quickly to the cautions and conditions under which they will live. They are taught individually by clinic dietitians to give themselves insulin shots each day and to test the urine for sugar. Plastic food models are used to identify the forbidden foods in their diet. And similar models help them recognize the portions of food which they may eat.

2. It is not unusual to have several members of a family register in the Dispensary for care. For instance, the Henry family. They have two sets of twins. The boys are 5 and the girls 9.

3. Three of the children wear glasses which were fitted in the *Eye Clinic*. This department has 14 booths for testing and for fitting lenses. And special instruments valued at \$10,000 were a gift of the Blind Service Association for use in the study and care of glaucoma patients. Last year this clinic recorded 7,682 visits.

4. The Henry children also attend other clinics. Alice is a cardiac patient. The boys received immunization shots, and Beth went to the *Ear Nose and Throat Clinic* for a tonsillectomy. In ways such as these, the Dispensary not only seeks to cure present illness, but to protect against future disease.

The E.N.T. Clinic performed 21 tonsillectomies last year, charging only \$10—which included one night of hospitalization—to parents who could not afford to pay this amount.

5. Another clinic directly concerned with safeguarding the health of the community is the *Well Baby Clinic*.

*fictitious



4.



5.



Spaulding School attendants bring children with rheumatic hearts to the *Cardiac Clinic*. The blue babies and other patients with congenital heart defects are referred to surgery by this clinic, which treats every kind of heart disease.

They also make the electrocardiograph record and metabolism test for many patients referred to them by another clinic.

Unusual Cases Studied

7. Frequently a patient may be thoroughly tested, referred to several clinics and his case still not diagnosed. Staff members may be called in consultation and the patient hospitalized for more extensive study. When a course of treatment has been decided, it is followed regardless of the professional services, the hospitalization, the supplies and medicines and the nursing care involved.

Bones Mended

8. One of the 90 patients sent to the *Fracture Clinic* was a 19-year-old boy who slipped on the street and fractured his right leg. The leg was x-rayed before the cast was applied, and will be x-rayed again when the cast is removed. And if

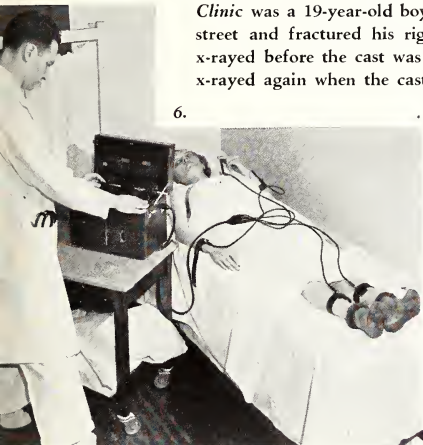
he does not have complete use of the leg, he will be sent to physical therapy for appropriate exercise, heat, or massage until normal action is restored.

Other Clinics

The *Dental Clinic* is available to patients needing extractions, but accepts only such patients as are referred to them by another department. They utilize the x-ray department and occasionally obtain dentures for the patients.

Staff members representing the various departments in the Hospital work in the *Tumor Clinic*. Functioning as a consultation clinic only, it refers the patient to a specific department for treatment.

Blood diseases such as pernicious anemia and leukemia require large quantities of liver extract, vitamin B₁₂ and other expensive medi-



Infants less than two years of age are brought in for routine examinations and for immunization shots. There were 2,367 of these examinations made last year and 1,007 shots given for diphtheria, whooping cough, tetanus and small pox. After clinic hours the nurse made 1,533 home visits last year to check on sick babies, and to teach new mothers the routine care of a child.

On his second birthday the child is assigned to the *Pediatric Clinic*. Besides routine examinations and treatment for regular illnesses, the clinic may also recommend special repair work for hare-lip or other body malformations.

6. Through the Pediatric Clinic the Cheer Up beds (established by the Presbyterian Sunday schools) are assigned to children needing hospital care.



7.



8.

cines. Last year the liver extract given free to patients in the *Hematology Clinic* would have cost them \$1,763.26 in a retail pharmacy.

Expectant mothers who come to the *Maternity Clinic* for pre-natal care have the benefit of other clinics where they may receive specialized treatment.

The mothers are confined in Presbyterian Hospital and should their babies be born prematurely, they are kept in incubators in the Premature Department until they weigh 5½ pounds.

The *Chest Clinic* follows up on all cases of suspected tuberculosis found through routine chest x-ray. They give special tests and examinations until they have made a final satisfactory diagnosis.

Then arrangements are made for tubercular patients to be seen by the Municipal Tuberculosis Sanatorium with which the Clinic is closely associated.

There are 17 other clinics which we have not mentioned because of limited space. In each of them important work is being done to relieve suffering, check disease and improve the therapy.

Our Social Service Department works closely with all the clinics in helping a patient accept his health problem. They also assist him in solving such personal problems as may affect his recovery. Last year the department handled 329 cases per month and arranged for 48 children to go to summer camps. They also supplied the braces, eye glasses, crutches and other appliances given to patients through special funds provided by the Woman's Board.

Central Free Dispensary has become one of the great traditions of this Hospital. The individuals, the Sunday Schools, the Churches, the Community Fund and other agencies helped carry the load and made the work of the Dispensary possible.

A generous medical staff, an interested Woman's Board, and a Board of Managers have conspired to provide the talent, and the equipment necessary for the Dispensary so that its objective might be fulfilled—to care for the needy sick who are our neighbors.

This is a letter that was received from one of the Clinic patients who recently had his larynx (voice box) removed.

To Dr. Friedberg, Dr. Bennett, Dr. Mitchell, et. al., all the nurses, students, and aides.

I want to express my deep appreciation for the wonderful and courteous care I have received here.

I am leaving here with a new perspective. True, I have lost my voice, but that won't deter me from being a useful resident of my community.

What impressed me most is the humane attitude of all who had any part in my recovery.

May God Bless all of you and give you the guidance that you need in your chosen fields.

Yours very gratefully,
P. J. M.

Maywood, Illinois

THE PRESBYTERIAN HOSPITAL OF THE CITY OF CHICAGO

Founded in 1883

1753 W. CONGRESS STREET

CHICAGO 12, ILLINOIS

Telephone SEeley 3-7171

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*Deceased Feb. 13, 1951

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THE PRESBYTERIAN HOSPITAL BULLETIN
DOROTHY YANDAWORKER, Editor

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OF THE CITY OF CHICAGO

Chicago, Illinois

APRIL - MAY, 1951

Vol. 43, No. 3

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CARE OF THE PREMATURE INFANT IN THE PRESBYTERIAN HOSPITAL

THE PREMATURE INFANT may be defined as a newborn baby that has come into the world before its appointed time of 280 days. However, inasmuch as the exact time at which birth should take place is frequently difficult to determine accurately, it is customary to take the most well-known sign of prematurity as the fetal age of the infant, which is its weight. It has been decided that any newborn infant with a birth weight under five and one-half pounds shall be considered as "premature!"

The interruption of fetal development resulting in prematurity is caused by many factors. The most frequent causes are anomalies of development of the embryo, unfavorable nutritional conditions of the mother, acute or chronic diseases of the mother, disturbances in the position of the child, or shock or injury to the mother as from a fall. In many instances, however, there is no particular explanation for the condition. It just happens. As can be seen from the causes of prematurity there is somewhat less chance of the condition of premature birth developing if the mother has the good fortune to have good obstetrical care.

Another interesting factor is that premature births have been increasing over the last ten years. Fifteen years ago we used to plan on four or five premature infants to each 100 live births. Now this number is closer to 8 per 100 live births, or nearly twice as many. This is not found in the Presbyterian Hospital alone but is seen in Chicago and throughout the country. This throws an added burden on



*Peggy's
birth
weight was
1 lb. 13 oz.*

obstetrical care as the facilities for the care of premature infants have necessarily doubled, or twice as many beds are now required for premature infants as were necessary ten years ago.

Ten years ago, with the number of obstetrical deliveries that occurred in Presbyterian Hospital a year, we found that 8 premature units or beds were ample. Now with the increased number of mothers delivered in our Hospital, and the greater frequency of premature births, it is necessary to plan on at least 18 premature units for any one time. The number 18 is an unwieldy number for a peculiar reason. It requires one trained premature infant nurse for each 7 premature infants. For our 18, therefore, we require 3 trained premature nurses for each eight hour shift. This would mean that one nurse would have 4 premature infants to care for, while the other two would have 7 a piece. For this reason, we now take premature infants born outside of the Hospital, that are transported to the Hospital from various places or hospitals in the city by the Chicago City Health Department. We, therefore, have an average of 21 premature infants at all times in our premature unit.

This enables us to take part in the so-called Chicago Plan for Premature Infants established by Dr. Bundesen, President of the Board of Health of Chicago. About 10 years ago he required that every premature infant born in Chicago should be registered at the Chicago Health Department within two hours after birth. Such infants born in



The premature is an undeveloped organism . . . must be given oxygen continuously . . . kept in an incubator with a temperature of 100 degrees.

the home or in hospitals not considered to have adequate care for the premature infant are transported to one of the four hospitals offering such care. Presbyterian was one of the first hospitals in the city that offered such specialized care for the premature infant.

The premature infant is an undeveloped organism, or as the Germans very well state, "an unripe child". Of the various adjustments that it must make at birth, the first is to breathe. The lungs of all babies before birth are neatly folded up in the chest cavity like a paper bag that has not been blown up. This is because the lungs are not necessary before birth as the baby does its breathing through its mother's blood. When this source of oxygen is shut off at birth, the carbon dioxide content of the blood increases to a point where it stimulates the part of the brain called the respiratory center. This center sends a nerve impulse to the muscles of respiration and the astonished baby takes a gasp and begins to cry lustily. The lungs begin to expand and take on their appointed function of breathing in oxygen and breathing out carbon dioxide.

The lungs of the premature infant are poorly developed and the respiratory center does not respond as well or fully as in a full-term baby. Hence, our first problem is to get our premature infant to breathe. This is usually accomplished by alternating positive and negative air pressure mechanically into the lungs by means of a machine called a resuscitator. Oxygen is run into the chamber so that the stimulation is made artificially. This is easily accomplished but the problem is now to make the poorly formed, incomplete little lungs carry on their function. The absence of good lung function is called "atelectasis". Here the little air sacs instead of expanding and contracting in the respiratory rhythm just stick together like the paper bag that is not blown up. This exists to some extent in all premature infants and takes several days or weeks for all the sacs to be completely filled. In many instances the area of the lung that functions is too small to sustain life and the premature baby must be given oxygen until a greater area of expansion takes place. We have given oxygen continuously to some premature infants for as long as 6 weeks.

If the lungs do not expand the baby will eventually grow in size until the amount of air or oxygen it obtains is insufficient to support life, and the baby dies. That is why some premature infants will grow and look very well and then suddenly expire. If only a small part of the lungs open at birth the baby may not live at all or only for a few hours even with added oxygen. Atelectasis is our greatest cause of mortality in the premature infant and as yet we have no way to combat it except by an atmosphere of oxygen. If the atelectasis is confined to only one or two lobes of the lungs, an infant bronchoscope may be passed into one of the little bronchial tubes and the lobe drained of mucus. If the atelectasis is scattered over each of the 5 lobes of the lungs, nothing can be done. For this reason every premature infant that is born with atelectasis is given a chest x-ray immediately after birth and if the condition is found to be only in one or two lobes, the nose and throat department is notified at once. One of their surgeons will then pass the tiny bronchoscope into the bronchial tubes. We are now able to save many little lives by this method.

After we have managed to get the premature infant to breathe we are confronted with the second great handicap of the premature infant, its inability to hold its body temperature. Even a full-term baby is sometimes unable to do this, and every premature is literally a cold blooded animal. That is, it takes its temperature from the surrounding medium. This is caused by poor development of the heat regulating center of the brain, and by the great surface area of the baby in comparison to its total weight. Also, an older child can increase body heat by shivering or body activity. The premature baby has no body activity.

The body heat of the premature infant is raised by surrounding it with a warm atmosphere called an "incubator".

Oil baths protect the infant's skin . . . water baths tend to reduce the body temperature.





Frequent transfusions provide a booster for the "preemie". Scalp veins are used because they are more accessible. The oxygen supply is continued during transfusion.

The baby must be placed in one just as soon as it is born, in fact, we keep an incubator warm at all times in the delivery rooms while a birth is taking place so that if a premature baby is delivered, no time will be lost in raising its body heat. All of our manipulations in getting the baby to breathe are carried out in an incubator. This inability to raise its own body temperature is kept until the baby weighs 5 pounds, and all are kept in the incubator until about this weight. Occasionally they will do this at a lower weight depending upon the individual baby. It is amusing to see a premature baby that is ready to be removed from an incubator literally try to crawl out of the warm atmosphere.

The removal to lower room temperatures is done gradually. All of the premature infants are started in our cubicle unit, which maintains an incubator temperature of around 100 degrees. As they grow and can better maintain their body heat they are removed to the individual incubator room, which has an incubator temperature of around 90 degrees. Finally they graduate to the bassinette room where they are conditioned to 80 degree room temperature and only need artificial heat occasionally. None are sent home until they can maintain their body temperature of 99 degrees in a room temperature of 70 degrees.

We now arrive at the third difference between the premature infant and the full-term child. The premature infant is so small and weak that it is unable to nurse unless fed by some mechanical means. This is accomplished in the smaller infants by passing a small rubber tube into the stomach and feeding the child through this tube. This is called "gavage feeding". We usually feed all the prematurely born infants by this means until they have developed enough strength to initiate their own sucking reflex. The



Too small and weak to nurse, the "preemie" is fed pure breast milk through a tiny tube passed into the infant's stomach.

small babies must be fed in this way for many weeks or usually until they weigh over four and one-half pounds. The larger ones, over four pounds, may be fed by a dropper almost at once. Each baby is evaluated on its own ability and its time of being able to take a dropper feeding varies. After they weigh over five pounds we begin to place them to the mother's breast and try one breast feeding a day for a time until they learn and acquire more strength. The extra breast feedings are added until by the time that the baby goes home, it is entirely on the breast, providing the mother has sufficient milk.

Inasmuch as the premature infant is unable to nurse at birth or for some time thereafter, every mother of a premature would lose her milk if steps were not taken to help her keep up her supply. This is accomplished by pumping the mother's breasts with an electric breast pump. This milk is stored in our breast milk bank or sometimes given to the baby directly by the tube feedings. Therefore, when the baby is ready for discharge the mother has still been able to keep up her supply of milk.

The feedings that we use for our premature infants is human milk. This is usually mixed with equal parts of lactic acid milk, an artificial milk that is rather high in protein content. This is known as "breast milk formula" and is used for a routine feeding for all the premature infants except the very little ones, under 3 pounds, or those that gain poorly or have any digestive disturbances. These are given pure breast milk. It is necessary to also add vitamins to their feedings, particularly vitamin D to guard against rickets, and vitamin C to guard against scurvy. Also, iron assimilation is poor in the premature infant so iron is usually added. In many instances several blood transfusions are given to add extra iron through the hemoglobin contained in the red cells.

You might wonder how we are able to always have a sufficient supply of breast milk for our premature infants at all times. This is accomplished by means of our milk bank. As stated, all of the mothers of premature babies are pumped as soon as their milk supply begins. Unfortunately, the same process that causes the baby to be born prematurely also militates against many mothers of premature babies having sufficient or even any breast milk. We add to the milk bank by utilizing all extra breast milk that we have from the mothers of full-term babies. They are pumped and their milk added to the bank. Then we are able to find a few mothers, or wet nurses, who have more breast milk than is necessary for their own babies. They bring this milk in and it is added to the milk bank. All this milk that we obtain is pasteurized and frozen. This milk will keep in good condition and is of full nutritive value for at least one year. The Chicago City Health Department also operates a city-wide breast milk station where wet nurses furnish milk for needed instances. This station operates as sort of a Federal Reserve Bank for breast milk. When we run short we borrow from them, and when we have more than sufficient milk in our own bank, we repay them, or even occasionally build up a credit with them. By this means, every premature baby can always obtain all the breast milk necessary for its growth and nutrition.

The amount of breast milk used in our premature station is rather surprising. We use about 150 ounces a day on the average or around 7800 ounces or 250 quarts a year. That is about one-half the load you see in one of the big milk trucks that carry the tankloads from the country to the city. The next time you see one of them just say to yourself, "Well, the Presbyterian Hospital uses half of that in breast milk a year for their premature infants."

The premature infant being an unfinished organism is also liable to many congenital defects or malformation of its organs. These are usually incompatible with life, and must be corrected if possible. When the respiration is being established the baby is examined thoroughly for any defects and if found, arrangements are made for immediate operation, if possible. Some of these that are necessary even in these very small infants are a failure of the food pipe or esophagus to completely pass into the stomach. Many of these connect to the windpipe or trachea. This requires immediate operation or bronchopneumonia will result. Frequently different parts of the intestine will end in a blind sac. These are operated on immediately. While the mortality is very high as you can well imagine, we sometimes are able to save the little life by such speedy operation and after-treatment.

Finally, we come to the last hurdle that the premature infant must combat before it can take its place in the outside world, the problem of infection. The premature baby is peculiarly susceptible to infection. This is probably due to the fact that the early birth deprives the baby of immune or protective substances that normally would be transmitted through the placenta, and the immaturity also fosters an inability of the baby to manufacture its own immune or protective substances. At any rate, the premature infant is very susceptible to any type of germ that the full-term baby can meet with immunity.

We protect the premature baby by surrounding it with a wall of absolute sterile and germ-free environment. Each baby is in its own incubator, and the smaller ones are also further protected by having this incubator in a glass and steel closed cubicle. The air they breathe is filtered, humidified, and warmed. No one enters the premature nursery except the nurses in charge, who do nothing but care for these babies, and they stay entirely in the unit as long as they are on duty. No nurse works in the premature unit who has the slightest cold or is sick in any way. Throat cultures are taken weekly. Each time that a nurse enters an individual incubator she completely changes her cap, mask and gown and sterilizes her hands. This also applies to the doctors. No doctor is allowed in the premature unit except the attending pediatrician and the intern and resident on duty in the premature nursery. When the babies are examined routinely they are always the first seen in the morning; so there is no danger of bringing any disease to them from outside sources. Obviously, the doctor also takes the same care as the nurses, scrubbing and changing caps, masks and gowns before examining each baby. No one else is ever allowed in the premature nursery.

By this means, we have been able to reduce our infections to a minimum. Also during the last ten years chemotherapy and the various antibiotics have greatly aided us if any infection should develop. We give these little people the sulfonamides, penicillin, aureomycin, or streptomycin depending on the organism involved, in full medicinal quantities. One fortunate thing is that the premature infant tolerates these medicines well. At the first sign of an infection, penicillin and streptomycin are begun at once, and other antibiotics added as necessary. In this way the serious danger is averted.

Finally, a premature nursery is only as good as the nurses who work in it. Premature infants are a specialty that require specially well-trained nurses that have devoted their lives to the care of these little ones. These courageous women do this work because they love premature infants and their devotion is shown by the fact that due to their care as much as anything else our premature mortality has been almost halved in the last fifteen years. The economic loss to the country from the untimely death of so many premature infants can only be met by our untiring effort to save as many of these little lives as possible.

(Photographs courtesy of Chicago Herald-American)

Dr. Heyworth N. Sanford, author of the article on Premature Infants has been Chairman of the Department of Pediatrics for the past five years, and president of the Medical Staff since 1948.

He is a Rush graduate (1923), interned here, and was appointed to the Staff in 1927. The broad human appeal of his work, wit, and simplicity of delivery



make him a popular speaker in lay and professional circles.

Last year the A.M.A. named him on a committee commissioned to study British medical care. Previously he had been commissioned by the Department of Interior to study pediatric care in Puerto Rico and the Virgin Islands. This spring he was off to Cuba on a similar mission with Dr. Rubio Padilla, Cuban Minister of Health.

Report From the Building Fund

A substantial number of new pledges and gifts have been received since Feb. 10, when the Office of the Fund was transferred to the Hospital. The second phase of the campaign is now quietly but persistently under way and will continue until we have reached our goal of five and a half millions.

* * *

A few days ago an unsolicited gift came from a missionary nurse serving in a country whose currency restrictions forbade her to send any postal order or other medium of exchange out of the country. Ever since she had first heard of it, she had wanted to share in the building of the new home for the school from which she was proud to have graduated, but no way was open to her.

Then, unexpectedly, she found in her mail a letter containing three one-dollar bills, sent by an American friend, who suggested that she exchange them at a bank for local currency and "buy some little thing for yourself that you really want."

Did she do it? She did not. She promptly enclosed the three bills in a letter to the Fund as her gift to the hospital and the school that had meant so much to her.

From some points of view those three one-dollar bills bulk as large as any gift that has yet come to the Fund.

New Board Members

At the 68th Annual Meeting of the Hospital, May 2, four new managers were elected to the Board. Mr. Willis Gale, chairman of the finance committee and director of the Commonwealth Edison Co.; Burton W. Hales, vice-president of Hales and Hunter Co.; Anthony L. Michel, of the Gardner, Carton and Douglas law firm; and Dr. Luther E. Stein, pastor, First Presbyterian Church, Oak Park.

Dr. Stein succeeds Dr. Harrison Ray Anderson on the Clerical Board.

At the Board Meeting which followed, all officers were re-elected: Franklin B. Snyder, president; Philip R. Clarke, and R. Douglas Stuart, vice-presidents; Solomon A. Smith, treasurer; Albert D. Farwell, secretary; and Fred S. Booth and A. J. Wilson, assistant secretaries.

* * *

Leslie D. Reid, superintendent, was elected a Director at the Annual Meeting of the Community Fund, Jan. 30. Term of office is three years.

Dr. Herbst Dies

Dr. Robert H. Herbst, consulting urologist on the staffs of Presbyterian, Highland Park, and Lake Forest hospitals, and one of America's most distinguished urologists, died in his Highland Park home on May 15. He was 73.

Friends called him "Bobby". He was that kind of a person. Warm, friendly, and a comfortable companion. He was quick . . . moving his hands, turning his head, giving an answer. He set the same pace in making rounds.

Only a few old-timers remember when the well-tailored Dr. Herbst was "new" around here. He'd been a student at Rush and then became a faculty member in 1904, then a staff member. He was just part of the Hospital. A bright, vivid part.

When Dr. Herbst graduated from Rush Medical College in 1900 he interned at St. Joseph's hospital. Then he went to Europe for three years of post graduate study in the universities of Bonn, Vienna and Goettingen. He was appointed to the staff of Presbyterian Hospital in 1919.

The Hospital gained more than a skilled surgeon and able teacher. It found a true friend. From him the Hospital always received generous and enthusiastic support in any venture. His leadership in the current Fund Drive set a stiff pace.

At the time of his death Dr. Herbst was still a member of the Rush faculty with the emeritus status of Clinical Professor of Urology, College of Medicine (Rush), University of Illinois. He was a diplomate of the American Board of Urology, and had been president of the American Urological Assn., the Chicago Urological Society, and the Rush Alumni Assn.

Dr. Herbst is survived by his widow, Marion, a son, Robert II, two daughters, Mrs. G. Scott Cuming and Mrs. Michael W. Gradle.

Mrs. Allin K. Ingalls, elected to the Board of Chicago Council on Community Nursing, was a member of the A. H. A. Committee on Women's Hospital Auxiliaries. As retiring president of the Woman's Board after five years in office, she is now chairman of the Social Service Committee.





New W.B. President

New president of the Woman's Board is Mrs. Burton W. Hales, who has been a member of the organization since 1935. For eight years she has held office as a vice-president.

With this close-range view of the policies and projects of the Board, and its relationship to the Hospital, the new president was well informed on the responsibilities she was assuming.

She had worked at one time or another, on 10 of the 26 committees through which the organization functions: social service, tag day, volunteer, publicity, printing, committee on committees, nominating, and finance committees. And she knew how these committees coordinate their efforts with the Hospital personnel, or with the Board of Managers.

Then too, Mrs. Hales has had actual hospital experience. When the Occupational Therapy Department was in existence she was in charge. Later as Chairman of the Volunteer Committee she supplied many of the hospital departments with needed help through the war years, learning the department problems as she went along.

Her college was Wellesley, and before that she attended Oak Park High School. She is the daughter of Mrs. Homer D. Jones, also an active Board member.

The Hales family lives at 1400 Tower Rd., Winnetka. There are two sons, Burt, Jr., 20, and Dan, 9, leaving a little free time for a hobby. Mrs. Hales' hobby is gardening and her club is the Wilmette Garden Guild. She also finds time for Northwestern Settlement work in Wilmette . . . and to go skiing at Sun Valley with her husband (though she claims no skill, herself.)

The president's term began at the Annual Meeting of the Woman's Board. Also at this meeting summary reports were read for both fund-raising and service committees. Of



*Pres nurses
Classes
1906 and
1951!*

The patient in 535 was a little lady with white hair, two sparkles for eyes and a smile as gay as the jonquils she held.

Her name was Mrs. Mary F. Love, 75, Wenona, Ill. As the student nurse arranged her flowers Mrs. Love confided that she, too, was a "Pres nurse". "Class of 1906," she beamed.

In fact, Mrs. Love was a member of the *first* class to be enrolled in the School of Nursing. That was in 1903. There were 27 in that first class; only 10 of them completed the course. And, Mrs. Love added proudly, she was the second student to complete her work; to win her "whites".

The two nurses compared notes. About the hospital, so different and so much larger now. About the residence. Students lived at 277 Ashland av. when Mrs. Love was in school. And all classes were held in Rush Medical College with staff members teaching the laboratory courses. Affiliation program? Oh yes, the Class of 1906 had one, too. Every student nurse was sent to the Institute of Cooking in the Loop where she learned the art of "Invalid Cooking".

Her first case as a graduate nurse took her to a small town to care for the patient of a young doctor. In time the patient recovered, but there was another patient waiting. And then another. And another. And so they were married, the little nurse and the young physician, Dr. Love.

Woman's Board Memorial Fund

Recent gifts were received in memory of:

Mrs. William P. Adams	Dr. William Macdonald
Mrs. Marie Cochran	Mrs. Jesse W. Ott
Mrs. Etta Scales Coffin	Mrs. Albert Pixley
Mr. and Mrs. Fred Y. Coffin	Mrs. H. A. Shearer
Mrs. L. H. Freer	Mr. Eugene K. Swallow
Mrs. Sarah Ward Harding	Mrs. Joel Francis Talbot
Mrs. John Heckendorn	Mr. J. Hall Taylor
Mrs. Elizabeth Hinkson	Mr. Fred Williams
Mrs. J. Kibben Ingalls	Mr. Richard Wolfe
Miss Ellen J. Kinsella	Mrs. Frank Woods

Mrs. LeRoy Wright

Unless otherwise designated, such gifts are added to the Asa S. Bacon Fund, income from which provides special nursing care for seriously ill ward patients who are unable to pay a private nurse. Gifts commemorating a birthday, anniversary or bereavement should be sent to: Mrs. Anthony L. Michel, 1170 Oakley Ave., Winnetka, Ill.

course, the figure most impressive was the \$514,746.50 raised for the Building Fund. Mrs. Allin K. Ingalls, and Mrs. A. B. Dick, Jr. were co-chairmen of that committee.

Sixty-one student nurses walked down the aisle of Fourth Presbyterian Church on Apr. 26 to receive diplomas from Dr. Franklin Bliss Snyder, president of the Board.

Six graduates were given special recognition. Betty Fisher, Taylor Ridge, Ill., Patricia Brandt, Scranton, Pa., Eva Danielson, 10418 Vincennes av., and Ruth Lee, Grand Rapids. Each received a \$50 bond from the Medical Staff. The Woman's Board gave \$100 checks to Dorothy Neumueller, Medford, Wis., and Beverly Roerig, Berwyn, selected by the faculty as the best all-around nurses.

MEDICAL STAFF NEWS

Dr. R. K. Gilchrist has been appointed to the National Doctors Committee for the Improved Federal Medical Services. This group will consult on policy matters in the campaign to obtain economy and efficiency in the government's system of hospital and medical care.

Ten new members were recently added to the board of governors for the Chicago Heart Assn. Dr. Oglesby Paul was among the ten.

The American Pediatric Society elected Dr. Arthur H. Parmelee vice-president for the year 1951. Dr. Parmelee is consulting pediatrician on the Presbyterian staff.

Dr. E. J. Berkheiser was honorary chairman of the Orthopedic Surgeons meeting held in Chicago this spring.

Awards

Dr. Clifford G. Grulee received the Parents Magazine Medal awarded annually for outstanding service to children. He is the first practicing pediatrician to be so honored. Presentation was made in the Biltmore Hotel, New York, where more than 50 leaders in the field of child health, welfare and education met at luncheon.

Dr. Grulee was instrumental in founding the American Academy of Pediatricians and served as its secretary for many years.

The American Academy of Physicians at their annual meeting in St. Louis, Apr. 12, selected Dr. Ernest E. Irons as a Master. This is the highest tribute paid to a physician in recognition of his contributions to health and the Academy. Only eight living men have been so honored. One of them is Dr. James B. Herrick.

Dr. Edwin N. Irons was made a fellow of the Academy on the same day his father received the Mastership.

Meetings and Papers

At the Central Surgical Society's annual meeting (Feb.) the following papers were read: "Evaluation of Vagotomy After Four Years' Experience" by Dr. E. M. Miller and Dr. A. A. Knight; "Hormone Control of Blood Platelet Level" by Dr. D. P. Slaughter; "Transplantation of the Kidney in the Dog" by Dr. C. B. Davis, Jr. and "Use of Radioactive Iodinated Plasma in Blood Volume Determinations" by Dr. F. A. DePeyster.

The arrangements committee included Dr. J. M. Dorsey, Dr. D. P. Slaughter, and Dr. J. H. Olwin. Dr. R. K. Gilchrist is Recorder for the Society.

Dr. H. N. Sanford presented a paper on the "Problems in the Care of the Newborn" at the Academy of General Practice in Indianapolis.

Dr. E. H. Fell and Dr. B. M. Gasul presented "The Diagnosis of the Infantile Type of Coarctation of the Aorta", before the Chicago Pediatric Society, Feb. 20.

"Newer Advances in Infectious Diseases" was the subject of an illustrated talk given by Dr. E. N. Irons before the Kane County Medical Society in Elgin, Feb. 14.

"Massive Injuries of the Shoulder Joint", was the title of Dr. Kellogg Speed's talk before the San Bernardino (Calif.) Medical Society.

At the University of Toronto (Can.) and also at the Mayo Foundation, Rochester (Minn.), Dr. Douglas A. MacFadyen spoke on "A Thermodynamic View of Hormonal Control of Metabolism".

Dr. Harry Boysen read a paper on "Lesions in the Vaginal Vault Following Total Hysterectomy" at the Chicago Gynecological Society's meeting in March.

Dr. Justin M. Donegan spoke on Cortisone and ACTH in Ophthalmology before the Milwaukee Oto-Ophthalmic Society.

In Mexico City, Dr. A. E. Kanter read a paper "Pro-lapse of the Uterus" before the Mexican Obstetrical and Gynecological Society.



Dr. and Mrs. James B. Herrick read the inscription in a testimonial of appreciation presented by the Medical Staff. The book commemorated the 60th anniversary of his Staff appointment and contains the signatures of Board and Staff members. (Mrs. Herrick was once the "Bulletin" editor.)

Dr. Fred O. Priest has published a biography of the late Dr. John Clarence Webster who for many years was a member of the staff and a professor of Rush Medical College.

At the American Association of Railroad Surgeons meeting on Apr. 4, Dr. Frank Theis read his paper entitled "Peripheral Vascular Surgery: Improved Outlook for Conservatism."

Dr. E. H. Fell spoke on "Coarctation of the Aorta" and "Surgery of Mitral Stenosis" at the March meeting of the Central Surgical Society.

"The Pre-Clinical Recognition of Toxemia of Pregnancy" prepared by Dr. A. H. Klawans and Dr. John S. Long was read before the St. Louis meeting of the Chicago, St. Louis and Kansas City Gynecological Societies, Apr. 14.

They reported on the same subject before the Obstetrical and Gynecological staff of the Milwaukee Hospital, on May 12. And on May 19th conducted a seminar on this subject at Mount Sinai Hospital, Chicago.

Dr. M. H. Ebert spoke on "Some Cutaneous Manifestations of Systemic Disease" before the South Chicago Branch of the Chicago Medical Society.

Dr. Danely P. Slaughter presented papers on "The Diagnosis of Accessible Cancer" and "Recent Advances in Cancer Therapy" at the Midwest Cancer Conference held in Wichita, Kan.

Dr. E. H. Fell, Dr. B. M. Gasul and Dr. Carl B. Davis, Jr., collaborated on the paper "Problems Associated With Surgery of Congenital Lesions of Aortic Arch". Dr. Fell presented the paper at the Chicago Surgical Society meeting.

Dr. Herman L. Kretschmer spoke on "Your Obligation to the American Medical Association" at John Sealy Hospital, University of Texas, Galveston, on Apr. 1.

The following day he spoke to the Texas Surgical Society on "The Life Span After Prostatectomy". That evening he spoke to the same group on "Medical Philately."

Dr. Frank B. Kelly discussed "Prognosis and Treatment of Subacute Bacterial Endocarditis" before the Will-Grundy County Medical Society, Joliet, on Feb. 13. At the same meeting Dr. James A. Campbell presented an illustrated talk on "Indications, Technique and Interpretation of Cardiac Catheterization".

Dr. E. H. Fell talked about "Congenital Cardio-Vascular Lesions Amenable to Surgery" at a post graduate course for general practitioners held in Belleville, Ill. He spoke before a similar group in Herron, Ill. using the same subject.

Dr. H. N. Sanford spoke to the Summit County Medical Society, Akron, O. on "The Effect of the National Health Act on English Medicine".

Radio station WCFL broadcast the transcribed talk of Dr. B. G. Nelson. His subject was "Nephritis" and the broadcast was made under the auspices of the Illinois State Medical Society.

Dr. S. Howard Armstrong Jr. read a paper on "Lipoproteins in Relation to Disease in Pediatrics and Medicine" at a joint meeting of the Chicago and Milwaukee Pediatric Societies.

Dr. H. N. Sanford presented a paper at the American Pediatric Society, Atlantic City, on "The Action of Histamine on the Blood Platelets of the Hemophiliac Child".

Memorial Gifts

Memorial funds of the Hospital have been increased by recent gifts.

In memory of Dr. Carl B. Davis

Mr. & Mrs. F. D. Sauter Mr. & Mrs. B. L. Tobey

In memory of Mr. Emil Mitterhausen

Agaloy Tubing Co. Wallace Supplies Mfg. Co.
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In memory of Mr. J. Hall Taylor

Mrs. A. Bollnow Miss Anna Ripke
Mr. Winthrop Robinson

In memory of

William H. Wieboldt from Mr. William T. White
Miss Lena Geringer from Miss Margaret Henderson
Mrs. Aric Demuth from Zella M. Cowan and others
Charles B. Goodspeed from Nelson A. Zeiger
Mrs. Charles H. Edwards from Ruth and Stuart Fox

THE PRESBYTERIAN HOSPITAL OF THE CITY OF CHICAGO

Founded in 1883

1753 W. CONGRESS STREET

CHICAGO 12, ILLINOIS

Telephone SEeley 3-7171

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THE PRESBYTERIAN HOSPITAL BULLETIN
DOROTHY VANDAWORKER, Editor

More than 516,000 patients have received care in Presbyterian Hospital since it was founded in 1883 as a not-for-profit institution "for the purpose of affording surgical and medical aid and nursing to sick and disabled persons of every creed, nationality, and color." No one of these patients ever paid the full cost of the services he received. Generous men and women of yesterday, on a purely voluntary basis, built and equipped the hospital and have helped to maintain it. Their benefactions have been far-sighted investments in human welfare. The Board of Managers is confident that friends of humanity today will make similar investments to ease the burden of sickness and promote the further advancement of medical knowledge.

* * *

SIXTY-EIGHT YEARS OF PUBLIC SERVICE
THROUGH PRIVATE INITIATIVE
AND FREE ENTERPRISE

THE PRESBYTERIAN HOSPITAL

OF THE CITY OF CHICAGO

Chicago, Illinois

JUNE - JULY, 1951

Vol. 43, No. 4

THE PROBLEM OF INTRAVASCULAR CLOTTING

HEMORRHAGIC DISEASES in the royal families of Europe, particularly the Bourbons of Spain and the Romanoffs of Russia, have, in the minds of many, lent an aura of romance to the subject of blood coagulation. And while hemophilia and other diseases characterized by a bleeding tendency are still only partially understood, they are responsible for a relatively small fraction of the rather large number of blood clotting problems confronting investigators today.

A considerably larger number of people suffer from too much clotting than too little clotting. One rarely picks up a morning paper without reading of some prominent figure succumbing to heart disease — in most instances an occlusion of one of the coronary arteries. Milk leg (thrombophlebitis following delivery) is a well-known term to most people. Thrombophlebitis is a clotting within a vein accompanied by inflammation in and about the vein wall.

Mr. Gust Carlson represents a group of patients with heart disease who have a tendency to form clots within the auricles. These clots sometimes break off as emboli and lodge in the lungs, brain, extremities or elsewhere and may cause death, paralysis or loss of extremities. Mr. Carlson has had multiple small emboli and one massive clot to the lungs, which incapacitated him. These emboli stopped when he was placed on anticoagulants and recurred when this therapy was discontinued. He has now been on continuous anticoagulant therapy as an outpatient for three years and returns every two weeks for a prothrombin determination. During these three years Mr. Carlson has been working steadily. Other patients with similar diseases have likewise been on anticoagulant therapy for several years and have been free from emboli during this time.

Thrombophlebitis also occurs in up to 4% of all patients undergoing major surgical procedures. And about 0.3 to 1% of such surgical patients develop pulmonary embolism, a condition in which a blood clot becomes dislodged from a heart chamber, or more frequently, from the great veins of the pelvis, lodges in the lungs, and may kill the patient in as short a time as 10 minutes, while the doctors and nurses stand by helplessly.

In 30% of the fatal emboli there are one or more warning non-fatal ones. The remaining 70% often strike without warning despite alert surgeons, house officers and nurses. Patients with such heart diseases as coronary thrombosis or mitral stenosis may form clots within the heart chamber and such clots may be the source of emboli to the brain, legs, arms, intestines, or other organs, resulting in death, paralysis, amputation, or less serious malfunctions. It is a conservative estimate that in the present





The young lady shown here is titrating blood to determine the amount of prothrombin present. The measure of prothrombin is the most common procedure carried out in the coagulation laboratory and it forms the basic technique for the assay of other clotting and ant clotting factors.

state of our knowledge at least 50% of the existing population over 50 years of age will die either directly or indirectly from clots in the blood vessels.

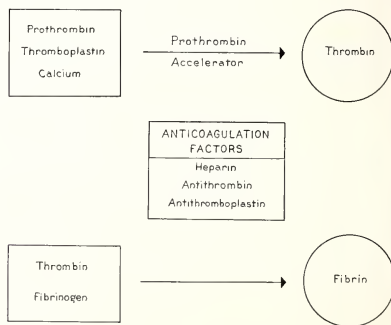
Within the past decade the medical profession has begun to use drugs known as anticoagulants to combat intravascular clotting and some of its complications. It has been demonstrated both experimentally and clinically that such drugs will in most instances prohibit the formation of clots, prevent their extension when such clots are already formed, and prevent the breaking off of emboli from them. Two of the drugs most often employed are heparin and dicumarol. The former was discovered by Howell in 1912 and because it was first isolated from liver was given the name heparin (hepar being the Greek word for liver). Its chemical formula is still unknown, but it is related structurally to sulfuric acid.

Most of the heparin used today is made from beef lung. It must be given parenterally (other than by mouth) and when given into a vein acts almost immediately. Its effect is to alter a number of the factors which go into the building of a clot, and thus prevent its formation, or after it is present, to prevent its extension. The effect of a single dose into the vein lasts usually three to six hours and once the dosage has been established it may be given at proper

intervals without repeated check. The chief objection to the use of heparin is its cost. (The treatment usually requires hospitalization and the heparin alone costs from \$10 to \$30 a day).

The other drug, dicumarol, is much less expensive, is given by mouth and has a longer lasting effect. There is more danger of an overdosage and consequent hemorrhage with this drug than with heparin, hence it must be carefully controlled. Its chief action is to depress the prothrombin, a factor made by the liver and the precursor of thrombin, a powerful clotting enzyme. Prothrombin determinations must be made at frequent intervals in the early days of the therapy until the patient's tolerance to dicumarol is established and at less frequent intervals as long as it is given. It may be taken over a period of years when necessary without apparent ill effects.

Since dicumarol does not become effective immediately heparin is often given in the first two or three days of anticoagulant therapy until the dicumarol effect becomes apparent. And since the formula for dicumarol is known, it can be synthesized, hence is relatively inexpensive. (A month's supply of dicumarol costs less than \$2.00). Historically, it might be of interest to note that this now very useful material was once the cause of death in cattle who ate spoiled sweet clover, and was discovered not by a medical investigator, but by a biochemist, Dr. Karl Paul



This chart represents the mechanism of blood coagulation. According to the generally accepted theory, blood coagulates in two stages. In the first phase, prothrombin (which is formed in the liver) in the presence of thromboplastin (present in varying amounts in most tissues), calcium and the prothrombin accelerator is converted to thrombin.

In the second stage, thrombin converts fibrinogen to the relatively insoluble fibrin which is the clot. Present in varying amounts are the known anticoagulation factors, heparin, antithrombin and antithromboplastin, influencing individually or collectively the clotting mechanism. Control of these factors is important in assaying for prothrombin.

link, in the College of Agriculture at the University of Wisconsin.

It is of interest and importance that despite the use of anticoagulants, intravascular clotting is on the increase. A number of factors contribute to this increase, important ones being: longer life expectancy and hence a greater number of people in the older age bracket; a larger number of these people undergoing major surgery; an increase, in general, in the magnitude of the surgery being performed and perhaps because of a considerably larger volume of medicines and fluids being given intravenously.

It is obviously impossible to give anticoagulants to all patients who may be potential victims of intravascular clotting. It is not even practical to give them to all patients undergoing major surgery. The great need today is for some means by which thrombosis can be anticipated. Once this goal is reached, it is likely that the great majority of



Various reagents made in the coagulation laboratory and used in the different assays must be kept at low temperatures in order to maintain their uniform reactivity. Were it necessary to make reagents daily, it would be impossible to carry out the present routine of the laboratory.

The refrigerator shown here was made in the carpenter shop of the Hospital in 1939 and has been in continuous use since then. At the time it was built, a commercial refrigerator maintaining the required temperature of 35° below zero was not available.



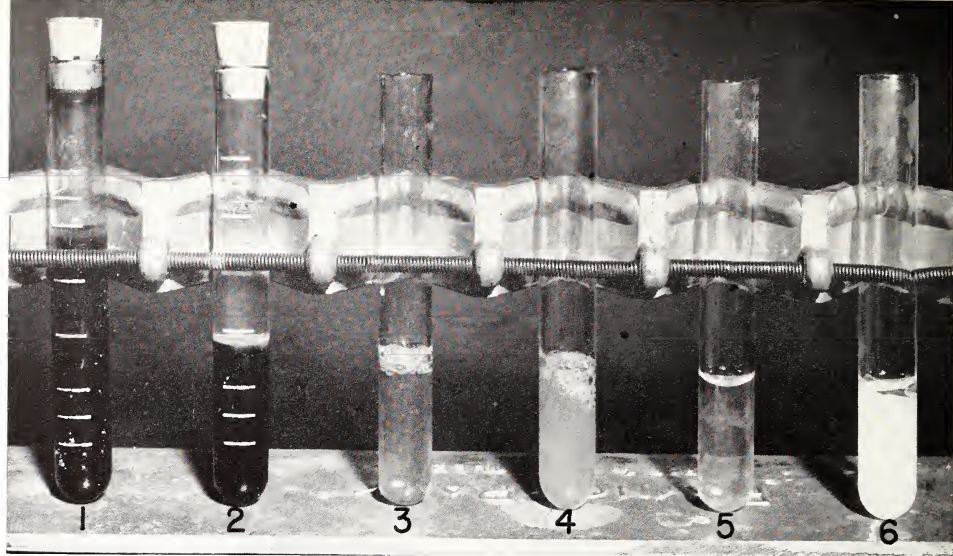
such thromboses can be prevented by the timely use of anticoagulants.

Changes in certain of the clotting factors have, from time to time, been considered as indicating a tendency to thrombosis. In similar fashion, variations of certain anti-clotting (opposing the formation of clots) factors have been considered causes of thrombosis. There is at the present time, however, no conclusive evidence that any one of these factors can be so incriminated. It is likely that no single factor is the cause of clotting within the vascular system, but rather that in each instance it is a variation from the normal of several factors, and, in all probability, not the same pattern of variations in different individuals. It is also likely that many factors, still unknown, contribute to such a condition, and not until it is possible to study over a period of time, in a large group of patients, all of the known and many of the now unknown coagulation and anticoagulation factors, will the complete story of thrombosis be understood. On the other hand, it is not impossible that a single highly active factor might be the chief cause, and the solution of the problem of thrombosis be nearer at hand that is generally supposed.

Efforts to discover a method or methods by which such intravascular clotting can be anticipated are part of the research program of the Hospital at the present time.

Different steps of the two-stage prothrombin determination are shown here. This procedure is the most accurate method for prothrombin assay known at the present time and is used routinely at the Hospital for the control of anticoagulant therapy. The technique is more intricate and expensive than the more commonly used methods, but because it more accurately and safely controls the therapy, it is considered well worth the extra trouble and cost.

Prothrombin is one of a number of clotting factors assayed in the coagulation laboratory.



The tubes shown above represent various stages of blood processing in and for the prothrombin determination. *Tube 1.* Unclothed whole blood which has recently been collected and placed in the graduated tube. The clotting has been prevented by the addition of sodium citrate. *Tube 2.* Blood after it has been centrifuged, the solid cellular elements having gathered at the lower part of the tube. The fluid portion, or plasma, is on top. The marks on the tube allow for the easy measure of the relationship of fluid and solid elements. This relationship is important in the accurate assay for prothrombin. *Tube 3.* Plasma after it has been removed from the solid elements. It is ready for coagulation by thrombin, a powerful clotting enzyme prepared from beef blood. *Tube 4.* Plasma in the clotted state. The clotting process occurred within five seconds after thrombin had been added. The clotting of shed blood ordinarily requires two to five minutes. *Tube 5.* Fibrinogen, in this instance prepared from beef plasma and used as one of the reagents in assays for various clot-

ting factors. It is the precursor of fibrin, the substance of the clot in human blood, whether it be inside or outside the body, inside or outside the vessels. The red color of the clot in shed blood comes from the red cells which are trapped in the meshes of fibrin.

The fluid shown here has been prepared from beef blood obtained from the stock yards through the courtesy of Armour and Company. Their technicians collect the blood as it is shed, add citrate to prevent its clotting, and centrifuge it. The plasma is then picked up by a Hospital courier and placed in the deep freeze until it is ready for processing. By a method known as "cold-precipitation" the fibrinogen is then prepared for use in the various assays. It is shown here in the clear, fluid state. *Tube 6.* Fibrinogen in the solid state. Fibrinogen is converted to the solid fibrin shown in this tube within a few seconds by the addition of thrombin. Under the microscope the fibrin appears as millions of tiny interlacing threads.

The Author

Dr. John H. Olwin, author of the above article and associate attending surgeon at Presbyterian, spends much of his working time in the prothrombin laboratory. Here he conducts tests and research on his main interest, the study of vascular blood clots, with special emphasis on the chemistry of the clotting mechanism.

A 1935 graduate of Rush Medical College, Dr. Olwin took his internship and residency at Presbyterian. During his five years in

the Army Medical Corps, he attained the rank of lieutenant colonel. At present he is a consultant in surgery at Hines Veterans Hospital and a member of the Conference of Blood Clots and Allied Problems under the Josiah Macy, Jr. Foundation.

As an investigator he has earned the respect of his colleagues; employees find him considerate and kind. His friendliness and smile make him everybody's pal.

If Dr. Olwin finishes a telephone conversation and walks away with a smile and a chuckle, chances are he has just spoken to one or both of his little girls. The role of "Daddy" to Holly, 7, and Barbara, 3½, is one he plays with evident pride and enjoyment.





Nurse Appointed Counselor

The faculty of the School of Nursing has been increased by the appointment of a counselor for nurses, Miss Alice L. Price, who arrived July 16 to plan and direct the total counseling program.

Miss Price received her masters degree in Counseling and Guidance from the University of Wisconsin this summer. Previously she had received her B.S. degree in social sciences from Purdue University and her R.N. from Home Hospital in Lafayette, Ind.

The problems of bedside nursing, administration, and nursing education are familiar to the new counselor. Before entering this field she was director of nurses, Middleton Hospital, Middleton, O., and assistant director of nurses, Memorial Hospital, Rockford, Ill. At Toledo Hospital, Toledo, O., Grant Hospital, Chicago, and in the Army Nurse Corps, she was an instructor.

Miss Price has written: Handbook of Charting for Student Nurses; Vocational Nursing for Home, School and Hospital; Professional Adjustments; and American Nurses' Dictionary. She also has furnished the photographs used to illustrate several school bulletins and textbooks.

The camera is her hobby, but she also bowls and does some sewing.

Nurses Organize Athletics

Last spring, students interested in sports organized the PWAA (Presbyterian Women's Athletic Association). There were 25 members; today there are more than 50.

The PWAA competes in volleyball, basketball, tennis, ping pong, and softball in the Medical Center Athletic league. Cook County School of Nursing, Illinois Neuropsychiatric Institute, Illinois Research and Education Hospital set up similar groups and together they developed a year-round athletic program and calendar.

Included in their activities this season were basketball and volleyball "round robin" tournaments. Next on the agenda was an intramural ping pong contest in which 30 students competed for the trophy. Then they played softball!

The PWAA softball games were exciting events, with Pres nurses defeating Cook County nurses to win the gold trophy now displayed in the nurses' residence.

During the summer, Tuesday nights are set aside for group swimming. A tennis tournament and the selection of the "best woman athlete" will wind up the season.

Report on Construction

As work on the nurses' residence nears completion, the Board of Managers have decided to proceed with the second phase of the building program, the expansion of research facilities, if, as seems probable, the total cost can be held to \$450,000.

Two floors will be added to the 5-story Rawson building. The sixth floor will have air-conditioned operating rooms, eight special laboratories, and animal rooms. On the seventh floor, movable partitions and equipment will provide for changing needs in the research program. A seminar room and a cold room will be located on this floor. Construction work is expected to begin this fall.

Inside the new school building, classrooms and some laboratories are completed. The kitchen and cafeteria areas now glisten with yellow tile. The fourth floor rooms wait for paint and furniture before they can be occupied. And in the trunk room shelves are already in place to receive the luggage.

The School of Nursing Committee of the Woman's Board entertained the student chorus at an outing, June 22, in Mrs. Harold J. Nutting's Winnetka home.



Serving are Mrs. Arthur M. Wirtz (seated) and the hostess with students Phyllis Olson and Ardis Nelson.

The 34 voice chorus presented "Melody Moods" in June featuring musical comedy selections. Their director is Mrs. Estelle R. Schubert.



Alumni Day

Rush Medical College Alumni and former Presbyterian interns and residents returned to the Hospital for Alumni Day on June 8.

Among those present were Dr. F. F. Tucker, Daytona, Fla., who practiced in China for 45 years, and Dr. T. F. Hill, Rush class of 1896. There were 16 states represented, including California, Pennsylvania, West Virginia and Alabama.

The day's scientific program included papers by staff members and the following alumni: Dr. Hamilton Montgomery, Mayo Clinic, Rochester, Minn.; Dr. Lester Dragstedt, University of Chicago; Dr. Paul S. Rhoads, Northwestern University; Dr. Dallas B. Phemister, University of Chicago; and Dr. Willis J. Potts, Children's Memorial Hospital.

In the evening, Dr. Heyworth N. Sanford presided at an alumni dinner in the Morrison Hotel for 291 guests.



At the speakers' table (above) are shown, from left, Dr. Ernest E. Irons, toastmaster, Dr. H. N. Sanford, Mr. Franklyn B. Snyder, president of the Board of Managers, Dr. D. B. Phemister, Dr. R. C. Brown, Dr. Hamilton Montgomery, and Dr. J. H. Mitchell. The profile is Dr. E. D. Allen's.

Woman's Board Memorial Fund

During May gifts were received in memory of:

Mrs. Nettie Adams	Dr. Robert H. Herbst
Mrs. Asa S. Bacon	Mrs. E. R. LeCount
Mr. Gilbert A. Bliss	Mrs. Howard McNeil
Mr. Fulton Burke	Mrs. Bernard F. Rogers
Mr. Thomas W. Hales	Mr. J. Hall Taylor

Unless otherwise designated, such gifts are added to the Asa S. Bacon Fund, income from which provides special nursing care for seriously ill ward patients who are unable to pay a private nurse. Gifts commemorating a birthday, anniversary or bereavement should be sent to: Mrs. Anthony L. Michel, 1170 Oakley Ave., Winnetka, Ill.

The Gift Shop

Jaunty toy French poodles, tooth paste, red plaid luggage, a TV tray for "dinner-on-the-lap" while watching a favorite television program. The usual and the unusual, the luxurious as well as the practical, all find their way into the Presbyterian Hospital Gift Shop.

"We carry a variety of articles because we want to have merchandise that appeals to Hospital personnel, patients, and visitors," says Mrs. Alan T. Lockard, chairman of the Gift Shop Committee of the Woman's Board and buyer for the Shop.

During the past year, sales made from a gaily decorated gift cart taken to patients' rooms have considerably swelled the Shop's income. Profits from the Shop help pay for some of the work in Central Free Dispensary which is supported by the Board.

Many patients buy frivolous things such as the poodle dogs, glamorous lingerie, or



gold mesh lounging shoes, Mrs. Lockard reports. But everyday items like cigarettes, gum and the new "Gift Shop candy bar" run high on the list of favorites too.

Recently more articles with a distinctly masculine appeal have been introduced and are proving to be popular. Personalized toilet articles, linen handkerchiefs, wallets, novelty gadgets and books, games, ash trays, — even golf mitts and bar items — now have a display case of their own.

Games, books to read and color, and a collection of toys that Santa would be proud of, are always welcomed by child patients. And for the new mother are pretty bed jackets, and soft blankets, hand knit sets, dainty dresses and rattles for her baby.

Travelers haven't been neglected, either. Recently added to the sewing kits, kleenex holders, and plastic cosmetic bottles is the new line of red plaid luggage.

Although hampered by a lack of display space for cosmetics, jewelry, purses, and such, Mrs. Lockard is planning to expand the line of merchandise to include wedding gifts.

Most everyone who works in the Hospital realizes the convenience of the Shop, whether buying for oneself or others, and visitors find in the wide assortment of articles the answer to the frequent, "I need a gift, but what can I buy?"

W.B. Sponsors Fashion Show

Friends of the Presbyterian Hospital will be the guests of Marshall Field & Company at a formal dinner dance in the Grand Ballroom of the Palmer House, Sept. 20. The Woman's Board has been invited to use this occasion to obtain support for their many Hospital activities.

Attention, Please

Applications are being accepted from high school graduates who wish to enter the School of Nursing in the class to be admitted Sept. 24.



The rest of the program was turned over to Dr. Richard Mossey (at mike) for presentation of "Presbyopia." With a talented cast of house officers and nurses, rented costumes and props, and some clever ideas, Dr. Mossey and Dr. Gordon Curry wrote and produced the entire show.

In the starring roles were guitarists E. M. Miller and

George Vosburgh (center above); the female impersonator David Brown; and the "magic man" Dick Mossey.

The bathing beauties (above) were billed as "beach-combers." In their whites they are known as (from left) Drs. Fred Bryant, Roger Brown, Dick Ireton, Calvin O'Kane, and George Vosburgh.

MEDICAL STAFF NEWS

Dr. James B. Herrick was one of three doctors who received a Gold Heart Award from the American Heart Association. The award was presented to him on the basis of his contributions to the field of heart and blood vessel diseases and in furthering the program of the American Heart Association.

Dr. Herrick was referred to as "the most distinguished living student of cardiovascular disorders."

Dr. George M. Hass was visiting pathologist in chief at the Children's Medical Center, Boston, for one week in May. He also gave the Wolbach lecture before the faculty of Harvard Medical School at the Peter Bent Brigham Hospital.

Dr. Hass is a graduate of Harvard Medical School and taught pathology there from 1932-39.

Dr. Frederick W. Hiss, resident in medicine at Presbyterian Hospital, was one of the two doctors selected as outstanding instructors by the senior medical class at the University of Illinois.

At a program May 23, he received the Raymond B. Allen Instructorship Award for 1950-51, a key in the form of a golden apple. And his name was placed on a permanent plaque in the Chicago Illini Union.

This annual award recognizes excellency in individual instructorship. Dr. Hiss taught medical clerkship to the senior class during this past academic year.

Dr. Norris J. Heckel was recently elected to the executive council of the Society for the Study of Internal Secretions, and reelected secretary and treasurer of the Association of Genito-Urinary Surgeons.

On May 16 Dr. E. V. L. Brown began his one-year term of office as president of the Provident Hospital Board of Trustees.

Dr. C. Bruce Taylor, Dr. Norris J. Heckel, Dr. James H. McDonald, and Dr. Weymar A. Rosso were awarded a silver medal for their exhibit "A Newer Method on Quantitative Freezing of the Bladder Wall," when the Illinois State Medical Society met in Chicago May 21-24.

Also during that week, Dr. Heckel, Dr. McDonald, and Dr. John E. Baylor received a prize from the American Urological Association for their exhibit on "The Effect of Testosterone on the Human Testis."

In May, when Pennsylvania Hospital in Philadelphia celebrated the 200th anniversary of its founding, Dr. Ralph Trimmer presented the paper "Prolonged Treatment of Rheumatoid Arthritis with ACTH and Cortisone."

Dr. Trimmer interned at Pennsylvania Hospital and his wife is an alumna of its school of nursing.

Dr. Kellogg Speed was chairman of the fracture exhibit which received special commendation from the Board of Awards at the AMA convention.

Dr. Norris J. Heckel and Dr. James H. McDonald gave a paper entitled "Further Observations on the Rebound Phenomena of Spermatogenesis in Man" before the American Society for the Study of Sterility.

The Chief Flight Surgeon of the U.S. Air Forces appointed Dr. George M. Hass as national consultant for the Army Air Forces for the year July 1, 1951 to July 3, 1952. Dr. Hass, a reserve officer, holds the army rank of lieutenant colonel.

At the annual convention of the AMA, held in Atlantic City last May, Dr. Mary A. Lyons was elected vice-chairman of the Section of Anesthesiology.

Dr. Lyons, attending anesthesiologist and vice-chairman of the Department at Presbyterian, has been a member of the hospital staff for 30 years.

Memorial Gifts

Memorial funds of the Hospital have been increased by recent gifts.

In memory of Dr. Robert H. Herbst

From	Mr. B. S. Harvey
Mr. Graham Aldis	Mr. H. Earl Hoover
Dr. Hugo C. Baum	Mr. & Mrs. Russell A. Luckow
Miss Gwynneth Capes	Mrs. Grace McCalla
Mr. Alfred T. Carton	Miss Olga Thal
Crowell-Collier Publishing Co.	Miss Elsie Thal
Dr. & Mrs. Stanton Friedberg	Mr. Morrison Waud
Dr. Michael Goldenburg	

In Memory of Mrs. Bess Sutton
From Mrs. Hazel Jacobs



In Memoriam

The world of science lost one of its greatest men with the death of Dr. Ludvig Hektoen on July 5. Presbyterian Hospital is but one of many institutions to claim the eminent pathologist and to mourn his passing. He was a staff member here from 1896 to 1924 and a faculty member of Rush Medical College (1895-1940).

Dr. Hektoen is credited with the discovery of coronary thrombosis. He also is recognized for distinguished work in matching blood types, in immunization, and in cancer research. Today Hektoen Institute stands as a fitting memorial to an unpretentious gentleman internationally renowned.

At least eight universities bestowed honorary degrees upon Dr. Hektoen. Among other honors, he was decorated by the King of Norway with the Order of St. Olaf and given the Centennial Award of the Wisconsin State Medical Society, the Distinguished Service medal of the AMA, the gold-headed cane award of the Association of American Pathologists and Bacteriologists, and the Howard Taylor Ricketts award of the University of Chicago. Yet honors and tributes meant little to him. Throughout his 88 years he remained modest and unassuming.

He received an A.B. degree from Luther college, Decorah, Ia., in 1883. He was graduated from the College of Physicians and Surgeons in 1887 and then studied in Upsala, Prague, and Berlin universities. In 1896 he received his A.M. degree from the University of Wisconsin.

Dr. Hektoen married Ellen Strandh in Habo, Sweden in 1891. She is his only survivor, their two children having preceded him in death.

For more than 60 years Dr. Hektoen was active in his profession. And in his seventies, when most men are retired, Dr. Hektoen was serving as chairman of the National Advisory Cancer Council, executive director of the National Board of the Chicago Tumor Institute, and in other similar positions of local and national importance.

Dr. Hektoen wrote several books and numerous scientific papers in "meticulously correct English." For ten years his editorials appeared in the AMA Journal. He also edited the Archives of Pathology, and the Journal of Infectious Diseases.

Speaking at the funeral, Dr. E. E. Irons said of his colleague: "Dr. Hektoen had a fine sense of humor. Throughout the years, I have never known him to be harsh or unjust. His insistence on strict truth and accuracy was always tempered by patience and kindness."

"Of the several portraits of Dr. Hektoen, I like best the one in the Staff room of Presbyterian Hospital . . . the friendly understanding of his expression portrays the quality of mind and heart which was the real Hektoen."

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Albert B. Dick, Jr.	Anthony L. Michel
John B. Drake	Fred A. Poor
James B. Forgan	John M. Simpson
Willis Gale	E. Hall Taylor
Burton W. Hales	Edward F. Wilson

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M. HELENA McMILLAN	Director Emeritus
MISS SYLVIA MELBY	Director

THE PRESBYTERIAN HOSPITAL BULLETIN
DOROTHY VANDAWORKER, Editor

More than 516,000 patients have received care in Presbyterian Hospital since it was founded in 1883 as a not-for-profit institution "for the purpose of affording surgical and medical aid and nursing to sick and disabled persons of every creed, nationality, and color." No one of these patients ever paid the full cost of the services he received. Generous men and women of yesterday, on a purely voluntary basis, built and equipped the hospital and have helped to maintain it. Their benefactions have been far-sighted investments in human welfare. The Board of Managers is confident that friends of humanity today will make similar investments to ease the burden of sickness and promote the further advancement of medical knowledge.

* * *

SIXTY-EIGHT YEARS OF PUBLIC SERVICE
THROUGH PRIVATE INITIATIVE
AND FREE ENTERPRISE

THE PRESBYTERIAN HOSPITAL

OF THE CITY OF CHICAGO

Chicago, Illinois

AUGUST - SEPTEMBER, 1951

Vol. 43, No. 5

MEDICAL PROGRESS IN ACTION

Mr. Franklin B. Snyder
President, Board of Managers
Presbyterian Hospital
Chicago 12, Illinois

Dear Mr. Snyder:

I am sure there are times when you and the Board of Managers must wonder, when requests for new equipment are made, if this requested equipment will fill a vital need in the care of patients.

I am writing this letter to tell you how a recently-acquired piece of equipment was life-saving to a patient upon whom we operated yesterday. The apparatus concerned was an Oximeter which the Department of Anesthesiology recently bought for use on seriously ill operative patients and for clinical investigative studies on anesthetized patients. This apparatus cost \$750.

Yesterday, Dr. Fell performed a mitral valvulotomy on a very ill cardiac patient. The patient was a young, married housewife who had heart disease of many years standing and had been confined to bed since last fall. The only hope for prolongation of her life was to operate upon her and enlarge the constricted valve which was impairing the function of her heart.

You must realize that surgery on this patient was exceedingly hazardous and surgery proceeded with the full knowledge of everyone concerned that the patient might succumb at any point in the procedure. As added safeguards, the electrocardiograph and the Oximeter were used on this patient so that we might have greater knowledge of the patient's condition during surgery.

The operation proceeded satisfactorily until just prior to the time of enlargement of the diseased valve, when the Oximeter suddenly changed to indicate that the patient was in an extremely dangerous and critical condition.

However, the clinical signs had not substantiated this, nor was there any evidence on the electrocardiograph of difficulty. I quickly re-calibrated the machine to see if



the machine was giving us a false reading. However, it continued to show the same observation. I asked Dr. Fell to stop his surgery and proceeded with resuscitative measures which gradually, over a twenty minute period, brought the Oximeter readings back to their normal level.

This incident can only be interpreted as an acute cardiac failure, and, with prompt treatment, the heart recovered. Following this, the surgery was completed and, at the moment, some 24 hours later, the patient is doing quite well.

It is my firm belief that if we did not have the Oximeter, we would not have been aware of this sudden change in the patient's condition, and the insult of enlarging the heart valve would have resulted in an operating room tragedy.

Certainly we cannot put a value on human life, and if this apparatus never again plays this life-saving role, I think it is an investment of which we, at the Hospital, have already been repaid.

Charles D. Anderson, M.D.
Attending Anesthesiologist
Chairman of Department

A second Oximeter has been in use by the Obstetrical Department of the Hospital since last December. Clinically the instrument has been used to determine the oxygen saturation of blood under various concentrations of inhalation anesthesia. With the Oximeter, obstetricians have determined a safe level of anesthesia for the mother with a minimal amount of depression for the baby.

It also is being used in research to establish the correlation of anesthesia to the "cry time" of an infant. Obstetricians have noted that the "cry time" is earlier when the mother's oxygen saturation does not drop below a safe range. This research is being done by Dr. John S. Long and Dr. C. M. Young.



Student Nurses Capped

Elizabeth Thomas, 3445 S. Justine st., (left) and Dorothy Greve, 1621 N. Keeler ave., were two of the 21 student nurses capped by the School of Nursing on Aug. 24. The new nurses were Hospital employees until last March when, having saved almost enough money to finance their nursing education, they enrolled in the spring class.

Miss Thomas, formerly a technician in the Metabolism Department, was graduated from Lucy Flower High School in 1949. Miss Greve is a graduate of Austin High School (1947) and was employed as a stenographer and payroll clerk in the Accounting Department.

After a month's vacation, the entire capping class will return to the school to proudly pin on the Presbyterian cap and begin their clinical experience.

Before they left for camp, Betty and Jean stopped in the Social Service Department for their insulin supplies and to show off new swim suits to Mrs. Elizabeth Synek, social worker.

Sixty-four youngsters went to camp this season through



the efforts of the Social Service Department. The group included 4 cardiac patients, 8 crippled children, 5 diabetics, and 47 normal kids in need of sunshine and fun.

Ward Secretaries Assist Nurses

"Where do I take these flowers?" "How do I find room 213?" "Will you make a phone call for me?"

And it's the blue-smocked ward secretary who tells the florist where to deliver the flowers, directs the visitor, makes a phone call for the patient.

But answering these questions are merely a few of the regular tasks the secretaries perform. Several times a day they visit each patient on their floor to ask how much liquid he has consumed. There are supplies to keep tab on — some, like towels, gauze, and cotton are ordered daily, and others, such as catheters and charting material are ordered every Monday.

Similarly, records for the nursing office have to be filled out, — once a day — once a week. By answering the telephone and executone, and taking messages for doctors, the secretaries reduce the receptionist duties of the nursing staff, thus allowing the nurses more time for actual patient care.

At present there is a ward secretary at each nursing station, in the prenatal clinic, operating room, infants' and children's departments, and there are two in maternity. They do not accept medical orders or handle medications or sterile equipment, and they are directly supervised by the nurse in charge of their station or department.



Head nurse Bernice Schieler and ward secretary Marilyn Genz.

Benefit Sponsored by W. B.

One of the important social events in Chicago this season will be the Woman's Board Benefit, a formal dinner dance in the Grand Ballroom of the Palmer House at 6:30 p.m. on Sept. 20. After the dinner, Marshall Field & Company models will display the latest fashion creations of famous designers in Paris, Milan, Florence, London, New York, and Hollywood. Marshall Field & Company



are furnishing the food and frills for the occasion. And into the treasury of the Woman's Board will go such contributions as the guests make for a share in the festivities.



This is the first time in 20 years that the Board has undertaken such an ambitious project. Their plans began early last spring with the appointment of Mrs. George S. Chappell, Jr., (above) as chairman of the Benefit. An able committee assisting her includes: Mrs. A. B. Dick, Jr., Mrs. S. Austin Pope, Miss Helen McNair, Mrs. Harold Nutting, Mrs. Stanley G. Harris, Mrs. Helen J. Douglass, Mrs. A. Loring Rowe, Mrs. John Dorsey, Mrs. Arthur Wirtz, and Mrs. Burton W. Hales. Mrs. Gordon B. Wheeler is treasurer.

Since admission is to be by invitation, three committees were needed to handle the difficult problem of a long guest list versus limited seating space. Chairmen Mrs. Philip R. Clarke, patrons committee; Mrs. Edwin N. Irons, invitation committee; and Mrs. Stuyvesant Butler, reservations committee were elected for this responsibility.

Most likely many summer plans were altered to make time for the committees to carry out their assignments, but for some of the women there were compensations too, particularly for the debutante committee. To Mrs. Herbert P. McLaughlin and Mrs. James L. Gerard, co-chairmen, getting acquainted with this year's debutantes was far from a tedious task. There will be 27 of the deb's at the dinner to assist in seating the guests. Several of the girls were born in Presbyterian Hospital; others belong to families who have taken an interest in the institution for several generations. They've all been "boning up" on the Board's tradition, and how it serves the Hospital today.

In the souvenir program, to be given guests, will be illustrations to point out the variety of work supported by the Board in the Hospital, in the Central Free Dispensary, and in the School of Nursing. The book was planned and prepared by Mrs. Julian Armstrong, Jr., (above) and her committee.

As the various committees met this summer to plan and report on achievements, Mrs. Edwin R. Sims, Jr., publicity chairman, has kept the Chicago papers informed, and the public aware of the Benefit.

This may be the first Benefit the Board has sponsored in 20 years, but from all indications, the "ladies" haven't lost their touch.

Mrs. Philip R. Clarke



Mrs. Gordon B. Wheeler



Mrs. Edwin W. Sims, Jr.



Patients Attend Chapel Service

"Glad to see you and I hope you won't be here next Sunday" is the typical greeting Dr. Louis W. Sherwin extends to his Hospital congregation on Sunday morning.

The ambulatory patients who make their way on foot or by wheel chair to the fifth floor chapel are in for more surprises than the greeting. The service, an informal combination of scripture reading, sermon and singing, is geared to the spiritual and physical needs of the sick. It is short, lasting no more than a half hour. And patients are invited to come and go as they wish.

Dr. Sherwin's service is flexible, and it is easily adapted to meet the needs of his congregation, which may include many children, or none at all. Once when the congregation consisted of one young woman, the Chaplain sent the pianist home, tossed his prepared sermon in the wastebasket, and seated himself beside the patient for an informal chat. He will tell you frankly that that was one of the best sermons he ever delivered.

As many as 75 patients, in every stage of dress and undress, attend the Sunday Service. Generally there are nurses, doctors, and an occasional employe present, but never has there been a Sunday when someone didn't come.

If they linger when the service is finished, it generally means the Chaplain will be invited to the patient's room for a private chat. Much of Dr. Sherwin's week is given to such appointments and to meet new patients who await surgery.

Dressed in the casual clothes of the layman, Dr. Sherwin stops in rooms as a friend, believing his words of courage and consolation will thus be more acceptable to patients of every creed. "But mostly I just listen."

Re-elected

Miss Carolyn Reichers, librarian of Rush Medical Library, recently was re-elected Secretary of the Medical Library Association, a national organization of medical librarians.

MEDICAL STAFF NEWS

Twelve new appointments to the attending staff of the Hospital, effective Sept. 1, are: Dr. Valleye E. Heckel, Dr. Douglas D. Rodriguez, and Dr. John Rabelo, assistant attending anesthesiologists; Dr. Oglesby Paul, assistant attending physician; Dr. Albert Schweitzer, assistant attending pathologist; Dr. Joan Fleming and Dr. Marjorie C. Meehan, assistant attending neuropsychiatrist; Dr. Chester J. Black and Dr. Charles F. Wilson, assistant attending ophthalmologists; Dr. Warren R. Dammers, Jr., assistant attending pediatrician; Dr. Lowell F. Peterson, assistant attending obstetrician and gynecologist; and Dr. Frank B. Papierniak, assistant attending urologist.

The July 14th issue of the Journal of the American Medical Association contained two articles by Presbyterian Hospital doctors: "Anticoagulants in Acute Frostbite" by Dr. Frank V. Theis, Dr. William R. O'Connor, and Dr. Frederick J. Wahl; and "Citizenship — A Physician's Obligation" by Dr. Ernest E. Irons.

Recently a talk on "Lipid Metabolism and Arteriosclerosis" was delivered by Dr. R. Gordon Gould, Jr. at Elgin State Hospital.

Dr. S. Howard Armstrong, Jr., Dr. John R. Mote, Dr. Samuel G. Taylor, III, Dr. Edwin N. Irons, and Dr. Ralph W. Trimmer were participants in a panel discussion on "Complications in Long Term Management of Patients on ACTH Therapy," presented before the Clinical Conference of the Chicago Medical Society in spring.

"Hoarseness: Its Significance, Diagnosis, and Management" was the talk given by Dr. Hans Von Leden at a meeting of the Stock Yards Branch of the Chicago Medical Society.

The Journal of the American Medical Association recently published a paper by Dr. James H. Mitchell entitled "Ringworm of Hands and Feet."

Dr. George M. Hass was awarded a grant by the Chicago Heart Association to pursue research on "Mechanism of Adenosine Triphosphate Induced Contraction of Isolated Cardiac Myofibrils."

Grants were awarded to 13 scientists for projects relating to the major types of cardio-vascular disease, and the money came from funds raised during the Association's 1951 drive.

Memorial Gifts

Memorial funds of the Hospital have been increased by recent gifts.

In Memory of Mrs. Percy B. Eckhart

Mr. & Mrs. W. G. Carton, Jr.	Mr. A. T. McIntosh
Mr. M. D. Craft	Mr. & Mrs. R. C. Osgood
Mr. I. C. Darling	Mr. & Mrs. J. A. Peterson
Mr. & Mrs. W. A. Flogaus	Mr. & Mrs. R. B. Petty
Friends	Mrs. A. B. Spach

In Memory of Mr. Edward DeWitt Shumway, Jr.

Mr. & Mrs. L. H. Armour and Laurance Armour, Jr.
Mr. & Mrs. R. O. Lehman

In Memory of Dr. Robert H. Herbst

Mrs. T. D. Reidy Mr. J. L. Tennant

In Memory of Dr. Ludvig Hektoen

Mrs. L. J. Michael and Sons Mr. A. A. Sprague, Jr.

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EDWIN M. MILLER	Vice-President
HARRY BOYSEN	Secretary-Treasurer

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MISS SYLVIA MELBY	Director

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DOROTHY VANDAWORKER, Editor

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* * *

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OF THE CITY OF CHICAGO

Chicago, Illinois

OCTOBER, 1951

Vol. 43, No. 6

FRACTURES IN CHILDREN

FOR the most part fractures in children are treated by simple conservative measures, and only rarely do they present complications. So great is the natural response of the body in the production of callus that healing of the bone fragments takes place rapidly. This callus, a substance produced in the region of the fracture, begins to form a few days after injury. Gradually it knits the bones together until a firm union is obtained. The excess callus eventually is absorbed, in some cases restoring the natural contour of the bone even in the face of only fair alignment. Non-union in fractures is uncommon unless there is inadequate realignment and fixation, or infection, or the interposition of soft tissue, such as muscle. In general, fractures in children heal without deformity and without handicap to the patient.

Fractures of the long bones of the arms and legs are the most common, whereas fractures of the skull, vertebrae, and pelvic bones are infrequent in children. For example, fractures of the collar bone (clavicle) are seen in infants and young children (Fig. 1). Injury to the clavicle may occur in the newborn during a complicated delivery, or accidents such as a fall from a crib or a high chair sometimes result in a fracture of the collar bone. In most instances healing of the fracture takes place with immobilization and support of the arm.

Fractures of the arm occur in the long bone (humerus) in the upper arm, or the long bones (radius and ulna) in the forearm. A break in the upper end (or the neck) of the humerus often is the result of a fall with the arm

outstretched or held close to the body (Fig. 2). The type of fracture depends upon the force of the fall and the position of the arm at the time of the accident. In the treatment of these fractures the fragments are best managed under anesthesia in order to assure good muscle relaxation and to allow the bone fragments to be brought into alignment. Then the fracture is protected in a splint

or a cast for six to eight weeks. Fractures of the mid-portion or shaft of the humerus may be straight across (transverse) (Fig. 3) or at an angle (oblique). The treatment of these fractures varies and is determined by the severity of the fracture. Sometimes it is difficult to line up the fragments perfectly and to hold them in good position. A temporary or permanent nerve palsy may occur if the radial nerve is injured at the time of the fracture or is involved with fibrous tissue or callus during the period of bone repair, (Fig. 4). This happens because of the close

position of this nerve to the site of the fracture. Treatment of the nerve injury consists of support of the hand and forearm with a molded splint. Operation is carried out to free the nerve only when spontaneous recovery does not occur within about three months.



Fig. 9—Fractures of the femur (long bone of the upper leg) in infants under two years of age are treated by the suspension method of traction shown above.



Fig. 1—Fracture of the left collar bone (clavicle) of an infant who fell from his high chair.

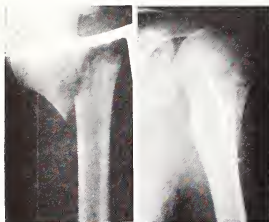


Fig. 2*—(left) The x-ray appearance of a fracture of the neck of the humerus in a boy who was first seen 10 days after injury. It was impossible to reduce this fracture by manipulation under anesthesia because of the

rapid development of callus which sealed the bone fragments together in an improper position.

(right) End result approximately nine months after operation. X-rays showed good alignment and union of the fragments. Patient had good function of arm.

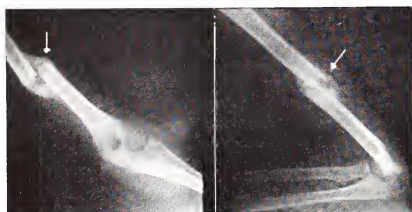


Fig. 3*—X-ray taken two months after injury shows fracture of the mid-portion of the humerus with considerable callus at the site of the fracture.

Fig. 4*—Because of injury to the radial nerve and the resulting paralysis of the muscles of the forearm, there is inability to raise the left hand (wrist drop). Operation to free the nerve resulted in normal function of the hand.



Fig. 5*—(left) X-rays of fracture of lower end of humerus in a girl who was first seen three to four weeks after injury. Reduction was not satisfactory. Manipulation of the fragments was impossible because of early fixation by callus.

(right) Photograph of the elbow one year after operation. There was good alignment and solid union with normal function of the elbow joint.

Injuries to the elbow usually occur as the result of a fall. One fracture in particular is that involving the lower end of the humerus (supracondylar). In a supracondylar fracture (Fig. 5) there is considerable deformity of the elbow due to extreme swelling of the soft tissues as well as a displacement of the fragments of the bone. Careful examination of the hand and forearm is necessary to determine the adequacy of the circulation and the degree of nerve injury. In the more serious supracondylar fracture a good reduction (realignment of the bone) is desirable to avoid the early or late disabling complications that may occur and may pass unrecognized and untreated. Gentle manipulation under general anesthesia will result in a good reduction in many cases. The arm is usually supported and held in a skin traction suspension set-up as shown in Fig. 6. This form of treatment has reduced the incidence of severe complications. The arm is immobilized for about three weeks and then protected in a plaster cast for a few additional weeks.

Fractures of both bones of the forearm (radius and ulna) are observed frequently in active children who fall and throw out a hand to support themselves. This often results in a fracture just above the wrist joint involving one or both bones. These fractures are usually transverse with displacement and overriding of the fragments (Fig. 7). In most instances reduction is accomplished under general anesthesia; however, an occasional fracture is not easily reduceable and one or more attempts to line up the bones may be necessary. Fractures in the mid-portion of the shaft of the radius and ulna may be either of the green stick type (without complete separation) (Fig. 8) or complete with considerable displacement of the broken bones

Fig. 6—Illustration of the traction suspension method used to maintain reduction in severe fractures of the lower end of the humerus (supracondylar) as shown in Fig. 5



Best results are obtained by early treatment. The arm is immobilized in a carefully padded cast. It has been observed that the fragments may actually migrate under the cast if the support is inadequate. Occasionally, open operation is done to obtain proper alignment of the bones.

Fractures of the lower extremity include the long bone in the thigh (femur) and both bones in the lower leg (tibia and fibula). The shaft of the femur may be fractured accidentally at birth. Careful support and restriction of motion assure early and rapid union. In older infants, under three years of age, treatment consists of suspension of both legs, using skin traction (Fig. 9†). This procedure results in good alignment so that healing of the fragments occurs readily. In the older age groups the fracture of the femur, whether transverse or oblique, is treated with skin traction. The leg is supported in a Thomas splint (Fig. 10). Callus develops rapidly in these cases and can be felt readily at the site of fracture (Fig. 11). The leg usually is held in traction until x-ray examination demonstrates adequate callus and new bone. A walking caliper is worn for three to six months to protect the young callus and bone at the fracture line. In children there is usually restoration of normal function of the extremity. Any deformity or shortening of the leg because of inaccurate approximation of the fragments is usually compensated for in growth.

Fractures of the bones (tibia and fibula) of the lower leg are usually the result of a direct blow or a fall (Fig. 12). The fractures may be transverse or oblique and involve any portion of the shaft of either bone. After manipulation of the bone fragments under anesthesia, treatment consists

†See page 1.

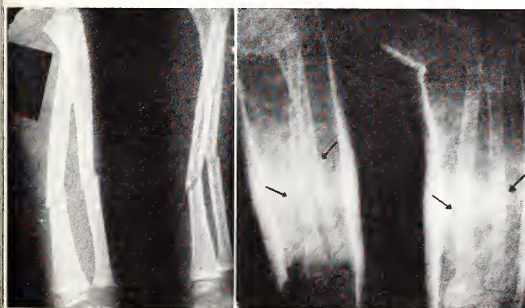


Fig. 8—Greenstick fractures of the mid-portion of both bones (radius and ulna) in the forearm of a child.

Gentle manipulation under general anesthesia resulted in good alignment of the fragments of each bone. Proper immobilization included a cast which extended from the base of the fingers to above the elbow.

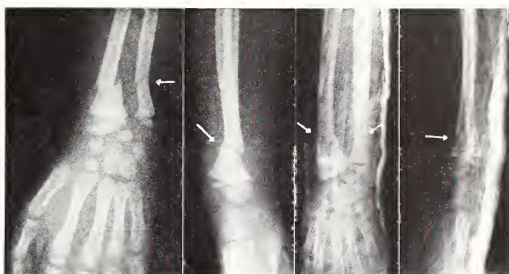


Fig. 7—X-rays showing a common injury to the lower end of both bones (radius and ulna) of the forearm. These fractures are the result of an attempt to break a fall with an outstretched hand.

Appearance of fragments of both bones in a plaster splint after realignment of the fractures.

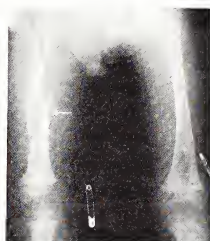


Fig. 11—X-ray demonstrates an oblique fracture of the femur in an infant who was treated by the method illustrated in Fig. 9, page 1.

Three weeks after injury there is evidence of an abundance of callus at the level of the fracture. This rapid deposit of callus is characteristic of the healing process in children's fractures.

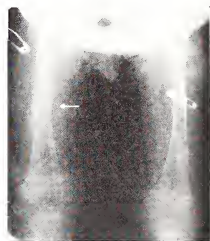


Fig. 10—In treatment of a fracture of the femur in older children the leg is supported in a Thomas splint. The fracture is reduced or maintained in reduction by the skin traction until x-rays demonstrate adequate healing. A cast, or a walking caliper, will further protect the callus and immature bone.



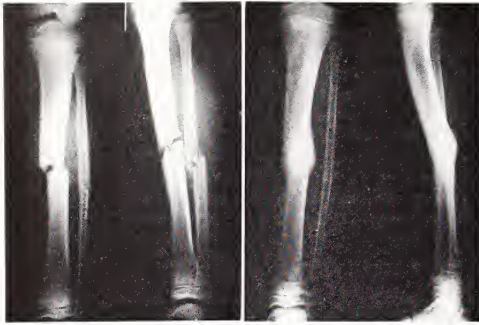


Fig. 12—X-rays of original fracture involving both bones (tibia and fibula) of the lower leg in a boy who was struck by an automobile while riding his bicycle. There was an open wound (compound fracture) with marked swelling of the soft tissues.

One year later x-rays of the same leg demonstrate solid union of the fractures. There was no shortening of the involved leg. The boy walked without a limp.

of either application of a full length cast or support in a Thomas splint with either skin or skeletal traction. The type of treatment depends upon the severity of the injury. After the traction is removed, the leg is immobilized in a cast for an additional period. Operation is rarely required in the treatment of a fracture of the tibia or the femur in children.

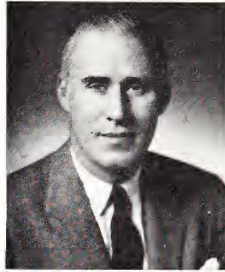
The application of these simple principles of non-operative treatment will result in early and complete reduction in most fractures. However, if repeated attempts to "set" the fracture under general anesthesia fail to produce satisfactory results, and if skin or skeletal traction proves inadequate, operation will be necessary. Proper immobilization in an appropriate splint is maintained until x-ray studies demonstrate adequate healing. Physiotherapy helps to restore early and normal function of the extremity.

Illustrations used in the Feb. 1951 issue of the *Journal of the American Medical Association* are reprinted through the courtesy of the A.M.A.

The Author

The article on fractures was written by Dr. Carl Davis, Jr., Assistant Attending Surgeon at Presbyterian Hospital and Clinical Assistant Professor of Surgery at the University of Illinois College of Medicine (Rush). He also is an associate on the Children's Surgical Staff of Cook County Hospital.

As we go to press, Dr. Davis is enroute to a scientific meeting in Columbus, O. where, by invitation, he will report to the American College of Physicians on his research work on the transplantation of kidneys. Another of his



Home for the Davis' is Golf, Ill., a northshore suburb. They have four sons.

interests is the study and surgical treatment of congenital heart problems.

Dr. Davis served a 20-month internship and two residencies (pathology and surgery) in Presbyterian Hospital after his graduation from the University of Chicago School of Medicine. His B.A. degree was from Williams College.



From left, Mrs. Robert Klenzie, Mrs. Esther Gatewood, and Miss Bess Hawver.

Nurses Add \$20,000 to Building Fund

Last summer the Alumnae Committee of the Building Fund set out to raise \$19,800. This was the estimated cost of the Alumnae Room and the Graduate Nurses Lounge in the new school and residence building now nearing completion.

Mrs. Esther Harper Gatewood, chairman of the committee, Mrs. Robert Klenzie, co-chairman, and the Alumnae Association President, Miss Bess Hawver, tackled the fund raising task equipped with typewriter, stationery and postage. They depended entirely on the mails to make their appeal to the 2,000-odd nurses who have graduated from Presbyterian Hospital School of Nursing since 1906. And their letter campaign paid off.

Early this summer Mrs. Gatewood announced that the goal was in sight. In September she reported a total of \$20,000 in pledges and cash, and the prospects for more money were very bright.

"Every class contributed to the Fund, and several classes had nearly 100% participation," according to the Committee Chairman. She also said that friends of the alumnae gave money, too, and that graduate nurses who have been on duty in Presbyterian Hospital added their bit. "The contributions have ranged from a crumpled dollar bill to a check for \$5,000," Mrs. Gatewood said. The names of benefactors will be printed in booklet form when the Alumnae Committee closes its campaign. By Homecoming a mimeographed list will be posted for the returning grads to see. And contributions will still be acceptable.

Women's Board Memorial Fund

During the summer gifts were received in memory of:

Mrs. W. P. Adams	Mrs. P. B. Eckhart	Mr. C. R. Kimbell
Mrs. A. Alender	Dr. L. Hektoen	Mr. G. Leach
Mr. D. Andrews	Mr. G. P. Heppes	Mrs. A. Lester
Mr. A. S. Bacon	Dr. R. H. Herbst	Mr. C. Osgergard
Miss A. Bryce, R.N.	Mrs. I. S. Jackson	Mrs. E. Simpson
Miss N. Donnelley	Mrs. J. D. Jenkinson	Mr. H. H. Wanzor
		Mrs. D. H. Wilcox

Unless otherwise designated, such gifts are added to the Asa S. Bacon Fund, income from which provides special nursing care for seriously ill ward patients who are unable to pay a private nurse. Gifts commemorating a birthday, anniversary or bereavement should be sent to: Mrs. Anthony L. Michel, 1170 Oakley Ave., Winnetka, Ill.

New Whirlpool Purchased for P.T.

First to try out the new body whirlpool installed in the Physical Therapy Department this fall was a 13-year-old post-polio patient. Carole sat in the shiny nickel "pool" with 4-year-old Juanita installed nearby in the smaller leg whirlpool. A daily bath in the swirling water which gradually was increased in temperature from 100 to 105 degrees was part of the muscle re-education treatment prescribed by their doctors.

Later in the morning the leg whirlpool was wheeled into a curtained cubicle for treatment of a fractured leg. The larger pool held a patient suffering with arthritis.

Miss Joan Augustus, Physical Therapist in charge of the department, maneuvers an average of 20 patients a day through simple and complicated treatments to restore the normal function of the body or to relieve pain.

When necessary Miss Augustus can take some of the portable equipment to the patient's room. But most patients are brought to the eighth floor of the Hospital where a cheerful room is divided into curtained cubicles to permit the simultaneous treatment of six patients.

Equipment in this department includes six short wave diathermy machines, popular in the treatment of arthritis or sprains. A bright green Kanavel table with wheels and pegs and pulleys is prescribed for certain hand and arm exercises. Still other treatments utilize the stationary bicycle, paraffin bath, hot packs, ultraviolet and infra-red.

The doctors prescribe treatment for hospitalized and outpatients, and the department functions under the supervision of a medical staff committee, headed by Dr. Alva A. Knight.

New Class Enters School

The School of Nursing welcomed 73 new students at a student-faculty tea, Sept. 24. Then for a week faculty members and fellow students selected as "Big Sisters" for the group escorted the class through their new world. They toured the Medical Center and Presbyterian Hospital. Instructors explained the curricula as preparation for the nursing profession. And in the school laboratories they examined the lifesize models from which they will learn patient care.

Then they all became patients for the required physical examination and "shots." Most of the girls kept close watch of the student nurse assisting the doctor, mentally changing places with her in her blue uniform, crisp white apron and cap.

Back in Sprague Home the new class asked the usual questions of their Big Sisters, and students on duty in every part of the Hospital tried to answer them — what it's like to be a nurse.

By Friday textbooks were distributed. The girls browsed through a few of the volumes and then settled down to study. Officially they were preclinical students now and had five months in which to prepare for hospital duty, and to earn the right to wear the school cap.

- Homecoming for the School of Nursing is set for Monday, Nov. 12. The Class of '26 will arrive a day early for their silver anniversary "doings" in a Loop hotel.
- The 1950 Annual Report of the Woman's Board won the Honorable Mention Award of the American Hospital Association. Presentation was made Sept. 20 at the annual meeting of the A.H.A. in St. Louis. Congratulations to the authors: Mrs. Earle B. Fowler, Mrs. Howell B. Erminger, Jr., and Mrs. Lee Winfield Alberts.

Miss Joan Augustus, and two post-polio patients





The fashionable *Benefit of the Woman's Board* added over \$30,000 to their treasury, and treated their 609 guests to a rare evening of entertainment. Marshall Field & Company planned the formal dinner-fashion show-dance in the Palmer House, Sept. 20. They also paid the bills. The invited guests donated from \$30.00 to \$500.00 per couple for their share in the season's first formal affair. The rest of the money came from the souvenir (advertising) program. Mrs. George S. Chappell, Jr., chairman of the Benefit, with an efficient organization of officers and committees,

successfully executed the first Board Benefit in 20 years.

Before guests arrived, Mrs. Julian Armstrong, Jr. (above) delivered the souvenir programs to student nurses for distribution to guests. The program was the work of Mrs. Armstrong's committee.

Our camera caught staff members and their wives arriving: (top left) Dr. and Mrs. Edward M. Allen with Dr. and Mrs. Harry Boysen, also Dr. and Mrs. Edwin N. Irons. Mrs. Irons was chairman of the invitation committee. Mrs. Boysen assisted with publicity.

Dr. Herman L. Kretschmer Dies



"With the death Sunday (Sept. 23) of Dr. Herman L. Kretschmer, Chicago lost another of the great physicians who have contributed to this city's reputation in medicine. Dr. Kretschmer was not only a world-famed urologist whose advances in diagnosis and surgery echoed in clinics everywhere. He was a vigorous personality whose life and works matched his

belief in individual courage and independence.

"In more than four decades of practice, he helped bring urology to a major surgical specialty in this country. He pioneered in research on children's illnesses in his field. He wrote hundreds of papers and many chapters in medical textbooks.

"Despite his heavy professional load, Dr. Kretschmer found time for many activities outside the operating room and the laboratory. He had been president of the American Medical Association as well as president of the leading societies in his specialty. He was one of the first physicians to take a strong public stand against socialized medicine. He summed up his belief in the individual responsibility when he declared: 'There is no such thing as a free lunch and there never has been.'

"It was typical of this belief in himself that he kept

up his professional pace to within a few months of his death at 72. (Born: Apr. 22, 1879) The final heart attack was one of several he had suffered in recent years. He continued to work as long as he could, knowing only too well as a physician, the price he must eventually pay." From the *Chicago Daily News*, Sept. 25, 1951.

Dr. Kretschmer's staff appointment was made in 1907 at the time he joined the Rush faculty. Later he was chairman of urology (1944-47), and at the time of his death a member of the consulting staff.

A graduate of Northwestern University Medical School, Dr. Kretschmer, received the honorary Doctor of Science degree from his alma mater and Marquette University.

He is survived by his widow and one son, Herman L., Jr.

MEDICAL STAFF NEWS

- Dr. Aaron E. Kanter, Dr. Arthur H. Klawans, and Dr. Rudolf W. Hack collaborated on a paper titled "Pro lapse of the Uterus" published recently in the *Journal of the International College of Surgeons*.
- After their 16th annual convention in September, the National Gastroenterological Association held a three-day postgraduate course in gastroenterology at the Drake Hotel. The program included a discussion on carcinoma, lead by Dr. Danely P. Slaughter; a paper by Dr. Edwin M. Miller on "The Possible Role of Vagotomy Combined with Gastroenterostomy as a Method of Surgical Treatment for the Patient with Chronic Duodenal Ulcer;" and a talk by Dr. R. K. Gilchrist on "The Importance of Lymph Nodes in Gastrointestinal Carcinoma."



Guests were ushered to their tables by 21 lovely debs and postdebs. On the stairs (from left) are a few of this season's buds Kiki Dallstream, Nancy Paddock, Mary Ann Tabor, Cynthia Cunningham, Martha Singleton, with Mrs. H. P. McLaughlin, chairman of the deb committee, and subdeb Mary Ingalls; postdebs, seated, are Diana Gammie, Diana Leahy, Suzanne Searle, Ruth Allen, and Joan Muldoon.

As they entered the festive diningroom Barbara Chapbell and Diana Leahy, debs, checked their seating chart to find Dr. and Mrs. Stuyvesant Butler (left—she was

chairman of reservations) and Mr. and Mrs. B. R. Gebhart their places.

At table 38, where Mr. and Mrs. Harold J. Nutting of Marshall Field & Company were hosts, sat famous Hollywood dress designers, Irene, (in white) and Howard Greer. To Irene's left Mr. Nutting, Mrs. Chesser Campbell, Mr. Robert Borwell, Mrs. Thos. Underwood, Mr. Howard Greer, Mrs. Nutting, Mr. Olds, Mrs. Robert Savage, Mrs. Robert Borwell and Mr. Chesser Campbell.

- Dr. Norris J. Heckel and Dr. James H. McDonald recently attended a meeting of the Mississippi Valley Medical Association in Peoria, where Dr. Heckel presented his exhibit on "The Human Testis — Effect of Testosterone Upon Its Function." At the meeting, Dr. Danely P. Slaughter gave a paper "Recent Advances in Cancer Therapy."
- Dr. Lowell F. Peterson attended the Central Association of Obstetrics in Detroit, Sept. 20-22.
- Dr. Louis W. Schultz was one of the participants in a discussion of "Treatment of Burns of the Face" during the annual meeting of the American Society of Maxillofacial Surgeons in Chicago last month.
- The Illinois State Medical Society in cooperation with the University of Illinois College of Medicine held a postgraduate conference in Decatur on Sept. 27. Speakers included Dr. Samuel G. Taylor, III, "Newer Therapeutic Principles in the Treatment of Advanced Carcinoma;" Dr. Danely P. Slaughter, "Recent Advances in Fluid and Electrolyte Balance in Surgery;" and Dr. James H. Mitchell, "Contact Dermatitis."
- "Traumatic Aneurysm as a Complication of Supracondylar Fracture of the Humerus," by Dr. Carl Davis, Jr., and Dr. Egbert H. Fell, appeared in the March 1951 issue of the AMA Archives of Surgery and will be abstracted for their 1951 Year Book.
- The Chicago Society of Internal Medicine elected Dr. Frank B. Kelly as its president this year.
- Dr. Egbert H. Fell Discussed "Intestinal Perforation in the Newborn" at the clinical conference of the attending staff of the children's division of Cook County Hospital on Sept. 25.

- Dr. Charles D. Anderson recently lectured on anesthesiology before the London Academy of Medicine, London, Ontario, Canada.
- Participants in a Sept. 11 telecast of a Health Talk entitled "The Antibiotics" were Miss Elta Knoll, bacteriologist, and Dr. Edwin N. Irons.
- Dr. James W. Merricks has been reappointed to the membership committee of the American Urological Association for a term of three years.
- "Peripheral Vascular Surgery" was the subject of the talk given by Dr. Frank V. Theis before the U. S. Navy medical officers at the Naval Armory on Sept. 25.
- Dr. Harry Boysen was recently elected treasurer of the Chicago Gynecological Society and was also elected to the Obstetrical and Gynecological Travel Club which will meet in New York in December. Dr. Edward D. Allen also is a member of the Travel Club.
- Dr. Carl Davis, Jr., and Dr. Egbert H. Fell are two of the three authors of the article "Patent Ductus Arteriosus: Recurrence Following Litigation," which appeared in the May issue of Surgery magazine.
- Dr. Edward M. Allen submitted an article "Prolapse of the Uterus and Vagina" to Modern Medicine in August. On Sept. 7 and 8 he spoke on "The Diagnosis and Treatment of Genital Prolapse in the Female" and "Vaginal Surgery and the Diagnosis and Care of Gynecological Disease" before the Southeast Idaho Medical Association. Dr. Allen presented a paper "The Diagnosis, Treatment and Etiological Factors in Endometriosis" at a meeting of the Washington State Medical Association, Sept. 11. Also in September, for the Seattle Gynecology and Obstetrics Society he read a paper entitled "The Flicker Fusion Threshold as a Prognostic Aid in Toxemia of Pregnancy."

Are You Wearing a Red Feather?

against disease. Nearby youngsters like themselves waited their turn, one with a fractured leg, the other a bad heart. A few white canes rested by the chairs of several patients. Old men and women waited, too.

The Kids were surprised to learn that more than 80,000 visits were made to the Dispensary in a year by people not able to pay for private medical care. They saw people of different races and heard languages they couldn't understand, for the sick of all colors and nationalities are given medical care at Central Free Dispensary.

Memorial Gifts

Memorial funds of the Hospital have been increased by recent gifts.

In Memory of Mrs. Thomas W. Hinde
Mrs. L. H. Armour
Miss M. B. Conover
Mr. & Mrs. J. B. Forgan

In Memory of Mr. A. G. McLaughlin
Mrs. T. B. Christie Mr. & Mrs. H. M. Smith

In Memory of Mrs. Louise Signor Laverty
Mrs. D. Schnack Mrs. G. Fletcher
Mrs. W. Bilger Mrs. D. V. Scholes

In Memory of Mrs. Henry F. Fitzgerald — Hospital Employees
In Memory of Dr. Robert H. Herbst — Dr. & Mrs. H. P. Bourke
In Memory of Mrs. Percy B. Eckhart — Mr. & Mrs. L. B. Worthington
In Memory of Mr. Samuel Trobough — Anonymous

The Red Feather Kids

came calling at Central Free Dispensary to see what goes on in a big medical clinic which the Community Fund helps to support. Peeking into an examining room they watched a doctor begin preliminary tests before assigning the patient to one of the 27 special clinics.

The Kids saw tiny babies being immunized

THE PRESBYTERIAN HOSPITAL OF THE CITY OF CHICAGO

Founded in 1883

1753 W. CONGRESS STREET CHICAGO 12, ILLINOIS
Telephone SEaley 3-7171

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THE PRESBYTERIAN HOSPITAL BULLETIN
DOROTHY VANDAWORKER, Editor

More than 516,000 patients have received care in Presbyterian Hospital since it was founded in 1883 as a not-for-profit institution "for the purpose of affording surgical and medical aid and nursing to sick and disabled persons of every creed, nationality, and color." No one of these patients ever paid the full cost of the services he received. Generous men and women of yesterday, on a purely voluntary basis, built and equipped the hospital and have helped to maintain it. Their benefactions have been far-sighted investments in human welfare. The Board of Managers is confident that friends of humanity today will make similar investments to ease the burden of sickness and promote the further advancement of medical knowledge.

* * *

SIXTY-EIGHT YEARS OF PUBLIC SERVICE
THROUGH PRIVATE INITIATIVE
AND FREE ENTERPRISE

THE PRESBYTERIAN HOSPITAL

OF THE CITY OF CHICAGO

Chicago, Illinois

NOVEMBER, 1951

Vol. 43, No. 7

THE STUDY OF HEADACHE AT PRESBYTERIAN HOSPITAL

OF all the symptoms which trouble mankind, headache occurs more often than any other. The term "trouble" is used intentionally since headache, because of its untouchable character, so often interferes with the thinking and judgment of the afflicted: it makes any other disease seem worse.

The usual experience of the doctor is this: the patient comes complaining of pain in the abdomen, pain in the knee, shortness of breath and headache. The gallbladder is removed for the abdominal pain, the teeth are removed for the knee, digitalis is given for the heart but the headache remains. How many times have patients come to us saying, "I have been to many doctors, but no one will pay attention to my headache. They say you have this and so which we can cure but the headache you will have to bear." Is this because headaches are beneath the doctor's notice since they rarely kill, or is it because their diagnosis has seemed too complicated to be worth the trouble?

Here at Presbyterian Hospital headaches have been under study for ten years, particularly the common and very disabling type of headache known as migraine. Contrary to the opinion of many, it is not "just due to nerves or fatigue", although such things may precipitate a migraine headache, or if the headache is present, make it worse. The usual case begins to have recurring regular headaches at about 20, and women are more frequently affected than men. The actual pain is usually preceded by a warning period lasting from a few minutes to several hours. During this time there is a disturbance of one of the special senses, smell, taste, balance, hearing or most often sight. The sufferer will see flashing spots or jagged lines before the eyes or have double vision or half vision. This period finally subsides and the headache itself begins. Ordinarily it is on one side over the temple or eye, gradually spreading backward or across to the other side. It is throbbing and associated with nausea or vomiting; the patient cannot bear

The Headache.



bright lights or loud sounds. After a few hours of this, the throbbing character changes to a steady ache all over the head and the scalp is sore to the touch.

These headaches may occur once a month in the beginning, lasting only a few hours each, but gradually they come oftener and last longer so that after twenty years they will be almost constant. Strangely enough they usually disappear during the last half of pregnancy and may change their character after the menopause. A migraine headache may be precipitated by eating certain foods such as chocolate or looking at bright lights as in driving an automobile at night or watching a bright television screen.

As we have said the character of the migraine headache may change as the sufferer grows older. The headache may be replaced by an attack of dizziness which is called "Meniere's syndrome". Often a person will have a migraine headache one week and be dizzy the next. It was this dizziness which led to the use of histamine in the treatment of migraine headaches at Presbyterian Hospital. This was because others had shown that intravenous injections of histamine had helped older people suffering with Meniere's syndrome who had had a history of migraine when they were young.

A nervous or "tension" headache has often been confused with migraine, and it is only by careful questioning that the difference may be brought out. These headaches occur when a person is nervous, tired, or upset; they do not come with a regular rhythm, and do not have the typical three stages of migraine. They usually begin at the back of the head and travel forward and are rarely accompanied by vomiting or disturbances of vision or equilibrium. Whereas their mechanism is the result of a change in the blood supply to the scalp, they are not helped by histamine but rather by an adjustment of the patient's life problems. A person with true migraine, however, may develop a tension headache because the migraine headaches, or their anticipation, interfere with the job or personal plans. Tension headaches are due to a disturbance of the sympathetic nervous system and are that person's special pattern of fatigue, just as diar-

rehea, nausea or heart pounding might be in another person.

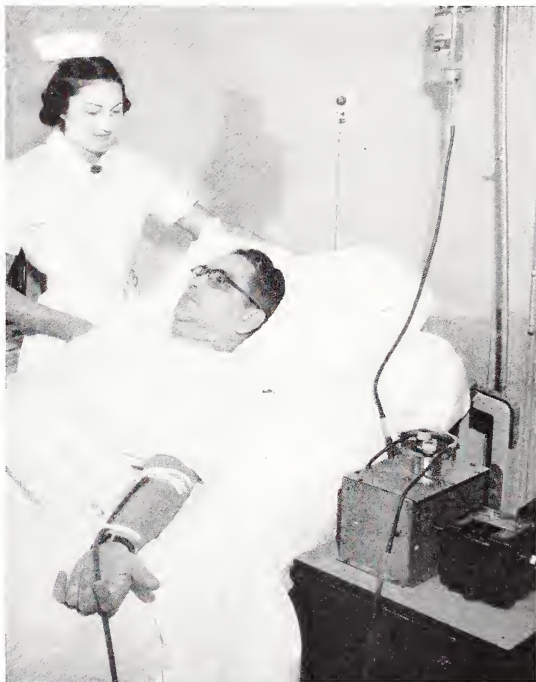
The treatment of migraine consists of injecting a very small amount of the drug, histamine, which has been dissolved in a pint of salt solution, into the patient's vein, in the same manner as when giving a blood transfusion. The solution runs in at about 20 drops per minute and generally a treatment takes about six hours. Each day the amount of histamine in the solution is increased until a certain con-

centration is reached. An average of about five treatments usually suffices. Generally there is no discomfort connected with the injection, but if the patient feels very hot or if a headache begins the last of the injection is slowed or even stopped and a drug like gynergen or ascorbic acid is given.

During the past ten years almost five hundred patients with migraine have received this form of treatment and follow-up letters indicate that about 80 percent are well or greatly improved. Certain ones return at intervals either as hospital bed patients or to the histamine laboratory in the Central Free Dispensary for booster injections.

After this form of treatment was described in the *Journal of the American Medical Association* and other medical journals, patients began to be referred to the hospital by other physicians for treatment of their "migraine headaches". After careful questioning and examination i-

was found that not more than 25 percent of them had true migraine. Since other types of headache would not respond to histamine treatment, and since such confusion regarding its differentiation from other types of headache seemed to exist even in the medical profession, a simple and clearer classification of the causes or mechanism of headaches was made. This showed that migraine and certain similar headaches are due to a disturbance of the blood vessels supplying the head, whereas other head pain such as toothache, sinus infections and various neuralgia are really on the outside of the skull; other headache such as those of meningitis, brain tumor and those following spinal puncture originate inside the skull. Certain others such as those following skull fracture and brain



A patient with migraine being administered intravenous histamine by means of a constant rate continuous pressure pump developed here.

concussion may arise from a combination of causes. In this work a type of clinical test was formulated, noting the effects of various drugs, changes of head position and temperature in precipitating or relieving the headaches of a particular patient. With these tests greater accuracy in the diagnosis of the cause of a particular headache was achieved with consequent improvement in the percentage of good results in the histamine treatment of migraine cases.

Altogether over 3500 intravenous histamine transfusions have been given at the Presbyterian. Histamine is a very powerful drug and not without its dangers. It causes a rapid enlargement or dilatation of arteries all over the body, with flushing of the skin and some drop in blood pressure. It greatly increases the secretion of gastric juice in the stomach, and therefore is often used as a test for stomach secretion. In fact several early cases developed peptic ulcers while being treated for migraine headaches. Patients are now given milk or alkaline powders every half hour during the injection, and the rate of histamine injection is kept below that which will appreciably lower the blood pressure.

Histamine is present in the blood of all animals. It is the result of the breakdown of protein and is a close chemical relation of histidine, an amino acid. But whereas amino acids can be given directly into the blood without causing any reaction, histamine, as has been said, may cause severe dilatation of blood vessels and drop in blood pressure if it is given in high concentrations. These reactions are still much less violent than as though protein itself, such as egg whites or horse serum, were given. Even a few drops of one of these protein substances given into the vein could kill a person by anaphylactic shock. In these cases of shock there is a sudden collapse in blood pressure and complete disappearance from the blood of a type of cell called a platelet.

Because intravenous histamine seemed capable of producing something which was a very mild and easily controlled form of shock, it was decided to test out the effect of large doses of histamine in animals. These experiments over the last five years have led to interesting observations in the field of antihistamines and allergy which will be described in a later *Bulletin*.

Dietitians Elect Miss Hunzicker

The American Dietetic Association elected Miss Buelah Hunzicker, the Hospital's Director of Dietetics, as their president-elect for the coming year when they met in convention Oct. 8th in Cleveland. This association was founded in 1917. Today its membership of over 9,000 reaches far beyond the field of hospital dietetics and nutrition. Miss Hunzicker, a member since 1927, has previously held office as vice-president and as treasurer.

At Presbyterian Hospital, the Director of Dietetics is assisted by a staff of eight dietitians. Six work in the

Hospital, two in the Dispensary. Approximately 100 other employes make up the personnel of the department. Their primary task is purchasing, planning, preparing and serving 3,000 meals each day. Usually, 500 of these meals are "special diets". This staff also absorbs the work of preparing tea and party menus for such occasions as Homecoming. Theirs is the task of teaching nutrition and diet therapy to nurse and medical students, and of helping the patient with his diet problems.



In the Dispensary the two dietitians instruct the outpatient in the management of his diet. They help the diabetic and the patient who is over or underweight so each can live comfortably with his diet problem. They teach the prenatal patient how to eat. They show young mothers how to feed their babies, and their families. Menus are suggested which will take advantage of a grocery bargain or a seasonal food.

In this work of educating the community on nutrition Miss Hunzicker takes a particular interest. From it she draws much material for lectures at the University of Illinois where she is a Clinical Assistant Professor of Nursing, and at Northwestern University where she is lecturer in the Hospital Administration program.

Mr. and Mrs. Fred Poor (upper right) gave the School an Admiral TV-radio-phonograph which they won as door prize at the Woman's Board Fashion Show in September. The new set was placed in the lounge where the girls can share it with their friends.



THE PRESBYTERIAN HOSPITAL

1753 WEST CONGRESS STREET

CHICAGO 12, ILLINOIS

November 15, 1951

To The Friends of the Presbyterian Hospital

The following information concerning the Hospital's Building Fund and Building Plans may be of interest.

As of today, pledges to the fund stand at \$3,209,000. Of this total \$2,281,000 has been paid. We have also received \$800,000 from the City of Chicago in compensation for property condemned. Fully to carry out the plans announced two years ago, we should have \$2,500,000 more in the building fund. That is the challenge still before us!

The Nurses' Home, the first of our three major projects, has been seriously delayed by shortages of labor and material. Even so we should be in and "comfortably settled" by the end of March or the middle of April. Mr. Virgil Gunlock, Commissioner of Subways and Super-Highways, has recommended the extension of our lease on the present Nurses' Home from December 31, 1951 to April 30, 1952.

This new Nurses' Home will cost, for land acquisition, wrecking of old buildings, remodeling of present boiler room and laundry, new tunnel, construction, furnishings, and architect's fees, approximately \$3,200,000. These costs are being met by (1) the payment from the City of Chicago; (2) payments on pledges restricted to this building; and (3) payments on unrestricted pledges. It seems probable that we shall have to borrow temporarily from our own unrestricted invested funds to meet the last half million of these costs.

The contract for two new research floors on top of Rawson has been let, subject to government permission to use critical materials. We expect to receive this permission shortly. The two new floors will be far more useful than the one new floor and remodeled fourth floor of Rawson formerly contemplated.

The total cost of the new floors, including a reserve of \$20,000 for contingencies, will be approximately \$430,000. To meet this we have \$250,000 pledged for this purpose (\$200,000 already paid) and \$200,000 of medical staff pledges which we have been specifically authorized to use for these new laboratories. It is confidently hoped that this latter sum will be returned to the fund being accumulated for the new hospital pavilion, inasmuch as the Medical Staff pledges were originally intended to provide additional beds.

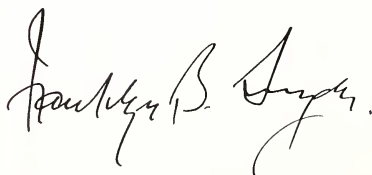
Definite plans for the third project, the "East Pavilion", are being held in abeyance pending the report of a joint committee of Staff members and Managers concerning the future development of the hospital and the way best to meet our needs for new beds. We wish to take advantage of all the experience in Hospital Planning which the past three years have made available. Meantime, we have had pledges of nearly \$1,000,000 for this building and payments of over \$600,000. All sums paid or to be paid for this project are being held inviolate in a special account, with the exception of the \$200,000 referred to above.

People are already asking what we propose to do with the Kidston bequest, and whether, in view of this bequest, we actually need any more money for our building projects. The answer to such questions should be, that the Board is not yet prepared to decide how best to use Mr. Kidston's generous gift, and that any decision on this matter must hinge upon the answers given to the basic problem of the future development of the hospital, and upon the ultimate size of the bequest. Meantime what we have received and what we shall receive in the future from this source will be held as a special invested fund—not pooled with others. It would be most regrettable for anyone to think that the existence of this fund will make it unnecessary for the hospital to raise additional sums for building purposes.

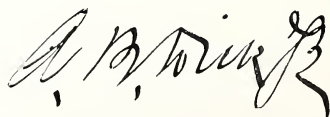
To you who read this *Bulletin* go the sincere thanks of the Managers for your interest in the problems of the hospital and for your help in what has already been accomplished.

The best of good wishes for the future.

Sincerely and hopefully,



President, Board of Managers



General Chairman, Building Fund Committee

Teas Add Funds to Nurse Endowment

The last three months of each year have long been "tea time" for the Hospital and its Woman's Board. During this period the women make a special effort to acquaint church groups with the work of the Hospital and to increase the Board's endowment funds which provide free nursing care for the critically ill who can not pay for this service. To accomplish this the Woman's Board asks its Church Delegates and other members to sponsor a hospital party. Although the party hour varies from early afternoon to evening, and the dates extend from October through December, these events are traditionally referred to as "Thanksgiving Teas".

Occasionally a hostess will provide special music or a book review for her guests, but more often she relies on a speaker who can give a firsthand account of the hospital as an institution of healing-teaching-research. At the request of the hostess a speaker from the medical or administrative staff is selected, and one of the favorite speakers is Miss Mary Louise Morley, Supervisor of Children's Floor.

Miss Morley says, "After I have told them something about the Hospital in general I tell them about my own department. They like to know how many children we care for (more than 2,000 this year) and the nursing problems in child care. Sometimes I tell them about a particular child like Jimmy V., who has leukemia. I tell them what can be done for him now, and about research going on in this field."

Another child Miss Morley mentions is a "blue baby" whose parents had no money for the nursing care she needed after surgery. Arrangements were made for an endowed nurse who could give her constant attention.

Miss Morley's verbal tour of the department points out the large wards and the smaller adolescent ward. She lets her audience look through the glass doors of the Milk Bank as she explains the preparation of formulas and mother's milk. She shows them the incubators in the Premature Department and ends her tour down the hall where infants less than two years old are cared for.

"People are always surprised when I tell them of the amount of surgical repair to cleft lip and palate being done here at Presbyterian, and that this work is done when the child is only a few weeks old.

"Everyone I meet at these parties is interested in the Hospital and what we're doing here. Many of them ask me 'How can we help?'"

Last year they "helped" by giving \$5,271.92 in silver offerings at the teas. This money added to the endowment fund is today providing a special duty nurse for very sick patients who haven't the funds to pay their own way. So far this year 23 Thanksgiving Teas have been planned.

Oct. 18 Wheaton Presbyterian Church
Mary Louise Morley, R.N., Supervisor,
Pediatric Nursing

Oct. 23 River Forest Presbyterian Church
Mrs. Jane Hawkins, Acting Director,
Social Service Dept.

Nov. 6 United Church of Hyde Park
Mary Louise Morley, R.N.

Nov. 7 Austin Presbyterian Church

Nov. 7 Roseland Church
Miss Hattie Brack, Executive Secretary
Central Free Dispensary

Nov. 9 Evanston First Presbyterian Church
Mrs. Jane Hawkins

Nov. 12 Fourth Presbyterian Church
Dr. S. Howard Armstrong, Jr., Chair-
man, Department of Medicine

Nov. 14 Albany Park Church



Homecomers, nearly 500 of them, were here Nov. 12 for the last reunion in Sprague Home. Bess Hawver, president of the Alumnae Association, Carrie B. McNeill, Educational Director and Sylvia Melby, Director of Nursing greeted them.



(Above) Ruth E. Church, M.D., now a major in the medical corps and Lila Fletcher, Director of Nursing, Wisconsin General Hospital were among the returning grads.

(Below) A penny-a-year was collected from the alumnae for the Helena McMillan Scholarship fund (It was named for the school's founder shown in portrait.) by Mrs. Betty Lebert Brannon, Dolly Twitchell, and Alma E. Foerster.



Nov. 14 Riverside Presbyterian Church
Dr. S. Howard Armstrong, Jr.
Nov. 15 Chicago First Presbyterian Church
Miss Hattie Brack & Mary Louise
Morley, R.N.
Nov. 15 Fair Oaks Presbyterian Church
Mrs. Jane Hawkins
Nov. 15 Chicago Lawn Presbyterian Church
Miss Caroline Pieper, Student Counselor
Nov. 16 Oak Park First Presbyterian Church
Dr. Heyworth N. Sanford, President of
Medical Staff
Nov. 18 Hebron Welsh Church
Nov. 19 Mary Louise Morley, R.N.
Winnetka Auxiliary
Dr. S. Howard Armstrong, Jr.

Nov. 21 Elmwood Park Church
Nov. 25 Campbell Park Church
Mrs. Burton W. Hales, President of
Woman's Board
Nov. 27 Drexel Park Church
Miss Elizabeth Alexander, Social Worker
Nov. 28 Chicago Second Presbyterian Church
Mary Louise Morley, R.N.
Dec. 5 Berwyn Presbyterian Church
Magdalene Steward, R.N., Instructor
of Sciences
Dec. 6 Faith Church
Mrs. Allin Ingalls, Chairman,
W. B. Social Service Committee
Dec. 8 Normal Park Church
Mrs. Jane Hawkins
Dec. 11 Ravenswood Church

School of Nursing were among the highest ranking nurse who wrote their State Board Examinations for Registration in Nursing in July and September.

Miss Ruth Lee's grade of 96.3% was the highest of any nurse who wrote the examinations in July. She is from Grand Rapids, Mich. and a graduate of Wheaton College. Last spring the Medical Staff gave her a \$50-bond award for high scholarship.

Mrs. Estelle Boggs Horning had the second highest grade of those who wrote the examinations in September. Her home is in Oak Park, and she attended Manchester College, Manchester, Ind. Both girls graduated in the Class of 1951.

Mrs. Ernest E. Irons

Mrs. Gertrude Thompson Irons was born in Peterborough, Ontario on Oct. 21, 1878. She graduated from the normal school in Toronto and had her nurse's training at Lakeside Hospital, Cleveland. Miss Helena McMillan, who had come from that hospital in 1903 to head the new nursing school at Presbyterian Hospital, sent for Miss Thompson to be a head nurse and supervisor.



Miss Thompson married Dr. Ernest E. Irons in 1908, a year after his appointment to the medical staff. She immediately became an active member of the Woman's Board, bringing with her a primary interest in the School of Nursing. For many years, and as recently as October 1951, Mrs. Irons told the incoming students the history, background and standards of the School. She helped

to found and was vice-president of a city-wide organization made up of high ranking schools interested in furthering nurse recruitment. This is now merged with the Central Council of Community Nursing of which Mrs. Irons was a director.

Mrs. Irons was president of the Woman's Board from 1938 through 1940; chairman of its Social Service Committee for five years and chairman of the Advisory Council of the School of Nursing for several years.

Her devotion and loyalty to the Hospital and the School of Nursing were shown in her constant and unselfish response to any demand for service. Her wise judgment and enthusiasm for any new field of endeavor to which the Woman's Board could contribute for the advancement of the Hospital made her advice invaluable.

With her death on Nov. 2, the Hospital, the School, and the Woman's Board have lost a devoted friend who will be sorely missed.

Congratulations!

Mr. Ralph J. Hendrickson, Comptroller, has been elected president of the Illinois Chapter of the American Association of Hospital Accountants. He was vice-president last year.

The School of Nursing has been notified by the Illinois Department of Registration that two graduates of the

Women's Board Memorial Fund

Recent gifts have been received in memory of the following:

Mr. William Avery	Mr. Howell B. Erminger, Jr.
Judge Rupert F. Bippus	Dr. Robert Herbst
Mrs. Tracy Drake	Mrs. Thomas Hinde
Mrs. Ellickson	Dr. Herman L. Kretschmer
	Mrs. Earl Reeve

Unless otherwise designated, such gifts are added to the Asa S. Bacon Fund, income from which provides special nursing care for seriously ill ward patients who are unable to pay a private nurse. Gifts commemorating a birthday, anniversary or bereavement should be sent to: Mrs. Anthony L. Michel, 1170 Oakley Ave., Winnetka, Ill.

MEDICAL STAFF NEWS

- Dr. George Hass gave the introductory lecture at the Second Annual Eli Lilly Connective Tissue Conference held in Indianapolis on Sept. 24. His topic was "Different Concepts of Collagen Diseases".
- "Recent Advances in Cancer Therapy" was the subject of Dr. Danely P. Slaughter at the Mississippi Valley Medical Society, Peoria, Ill. in Sept. This subject also was included in the 1951 Cancer Lecture Series of Northwestern University Medical School where Dr. Slaughter spoke on Nov. 21.
- "Acute Inflammation of the Aging Human Heart" was the subject of a paper by Drs. E. F. Traut, J. B. Carter, and S. H. Gumbiner, at the fourth Annual Scientific Meeting of Gerontological Society in St. Louis.
- Dr. Charles D. Anderson went to Memphis, in October to act as an associate examiner for the American Board of Anesthesiology.
- Dr. Charles B. Puestow, who holds the Army rank of Colonel, was Chairman of the 58th Convention of the Association of Military Surgeons of the United States which met in the Palmer House, Oct. 8-10. An exhibit entitled "Direct Surgery for Arteriosclerosis" was presented by Drs. Ormand C. Julian, William S. Dye, John H. Olwin, and Paul H. Jordan.
- At the Chicago Medical Society's postgraduate course in Obstetrics and Gynecology (Oct.), Dr. Edward Allen spoke on "Endometriosis", and conducted two discussions.
- Dr. Heyworth N. Sanford talked on Anemias of Infancy before the Kansas City Pediatric Society, Oct. 1. The following day he presented a paper on "Blood Coagu-

ation Disturbances in Infancy" before the Kansas City Southwest Clinical Society. Also on Oct. 2 Dr. Sanford and Dr. John W. Cline, president of the AMA, spoke over radio station WDAF in Kansas City, on "The Outlook of Medical Care in the U.S.A. and Great Britain".

• Dr. Norris J. Heckel presented a paper "Primary Simultaneous Epithelioma and Fibrosarcome of Glans Penis" at the American Urological Association in Toledo, Oct. 4, 5, and 6.

• "In Search of the Soul" was the title of Dr. Percival Bailey's lecture delivered at the Museum of Science and Industry on Oct. 7.

• At the Midwest Regional Meeting of the American College of Physicians, Columbus, O., on Oct. 13, Dr. Gordon S. Stewart delivered a lecture prepared in collaboration with Miss Helen F. Bowen. The subject was "The Ability of the Parathyroid Glands to Regulate Serum Calcium in the Absence of the Kidneys".

• The Oct. 15 issue of The Proceedings of the Institute of Medicine of Chicago carries a paper "Ventricular Hypertrophy and the Precordial Electrocardiogram" by Oglesby Paul and Armin F. Schick.

• Dr. Hans Von Leden spoke at the 56th Annual Session of the American Academy of Otolaryngology and Ophthalmology on Oct. 15. His topic was "Newer Indications for Tracheotomy".

• On Oct. 17 Dr. Frank V. Theis spoke before the Kane County Branch of the Chicago Medical Society on "Peripheral Vascular Disease". And on Oct. 26 he spoke to the Calumet Branch of the C.M.S. on "Conservative Treatment of Peripheral Vascular Disease".

• The Postgraduate courses on "Endocrine and Metabolic Diseases" which was offered Oct. 15-19 by the Chicago Medical Society included in its faculty: Drs. Percival Bailey, Warren H. Cole, and Danely P. Slaughter.

• Drs. Linden J. Wallner, J. Robert Thompson, and M. R. Lichtenstein read a paper on "Clinical and Histopathological Study of Cortisone and ACTH in Tuberculosis", at Chicago Tuberculosis Society, Oct. 29.

• Dr. Francis H. Straus spoke to the American Institute of Architects on "Medical Education" on Oct. 30.

• Dr. George Hass attended a meeting of the National Consultants to the Surgeon General of the Air Forces held in Washington, D. C., from Oct. 23 to Oct. 29.

• Dr. Edward Allen addressed the Southwest Obstetrical and Gynecological Association in Phoenix on Nov. 2. His subject was "Endometriosis". Later in the day he led a roundtable discussion on "Cervicitis and Vaginitis, Diagnosis and Treatment". On Nov. 3 he conducted another discussion on "Irregular Bleeding at All Ages".

• "Mitral Stenosis—the Clinical, Physiological and Therapeutic Aspects", was the title of a paper authored by Drs. Egbert H. Fell, Oglesby Paul, James Campbell, Jr., Carl Davis, Jr., Louis Selverstone, and Robert Grissom, and presented Nov. 2 at the Chicago Surgical Society.

• Dr. C. Bruce Taylor, formerly Associate Attending Pathologist of the Hospital and now Associate Professor of Pathology, University of North Carolina, returned to give a paper at the Annual Meeting of the Central Society for Clinical Research on Nov. 2. The title was "Combined Functional and Microscopic Studies of the Cardiac Conduction System of the Dog".

• Dr. Frank B. Kelly, Jr., formerly research assistant in Pathology at the hospital, now a resident in Medicine at Georgetown University Medical School in Washington, returned to present a paper before the American Society for the Study of Arteriosclerosis on Nov. 4. The title was "Vascular Injury in Hypercholesterolemic Rabbits".

• On Nov. 5 Dr. R. Gordon Gould spoke to the American Society for the Study of Arteriosclerosis on "Inter-relations of Plasma and Tissue Cholesterol".



← Mrs. Frederick J. Price, Chairman, and Mrs. Stanley G. Harris unpacked some of the gifts offered at the Second Annual Presbyterian Hospital Christmas Sale, Dec. 3. Handmade items came from workshops in the home of Mrs. E. Hall Taylor where the Winnetka Auxiliary met weekly; and Mrs. O. B. Johnson organized a group of Oak Park and River Forest women who met in the home of Mrs. E. Byron Davis. They made jeweled trees, elaborate tree ornaments, dainty baby clothes, and other items which were augmented by a wide selection of commercial items suitable for gifts.

The reception rooms and corridors of the Hospital looked like a huge bazaar when Mr. Clem Bradley, Display Director for Carson, Pirie, Scott & Co. and his two assistants finished their work. The store donated their talent and a generous supply of decorations. Proceeds from this sale will be added to the gift shop income which helps support Dispensary work.

Staff Profile

Dr. Stuyvesant Butler has been a member of the Hospital's Medical Staff for 20 years. He is an Associate Attending Physician, and a Clinical Associate Professor of Medicine on the faculty of the University of Illinois.



His field of research the last few years has dealt with headaches (especially migraine) and in the basic activity of Histamine.

He has a Ph.B. from Yale, an M.D. from Rush, and interned at Presbyterian before going to Peter Bent Brigham Hospital, Boston to work with Dr. Samuel Levine.

Dr. and Mrs. Butler, and their daughters, Clare, a sophomore at Wells College and Paisley, a high school senior, live in Winnetka. Paisley, drove in with her father twice a week last summer to do volunteer work in the maternity clinic.

- Dr. Clifford G. Grulee, a member of the consulting staff, and former Chairman of Pediatrics, was elected Honorary President for life by the American Academy of Pediatrics.

- Dr. S. Howard Armstrong was appointed Consultant to the Surgeon General, U. S. Public Health Service, in the field of mental health. These consultants advise on national allocation of research funds in the field of psychiatry.

- Dr. Clark W. Finnerud has been elected to the Scientific Committee of the Chicago Tumor Institute to fill the vacancy left by the death of Dr. Ludvig Hektoen.

- Dr. Ernest E. Irons is one of three senior advisors for the new publication "Journal of the Student American Medical Association" which will be available in January.

- Dr. William H. Haines has been elected president of the Illinois Psychiatric Society. He was vice president of this organization last year.

Memorial Gifts

Memorial funds of the Hospital have been increased by recent gifts.

In Memory of Dr. Herman L. Kretschmer

Mr. Lawrence Armour	Mr. & Mrs. Edward L. Ryerson
Mr. Alfred T. Carton	Mr. John M. Simpson
Mrs. David B. Gann	Mrs. Albert A. Sprague
Dr. & Mrs. Arthur H. Klawans	Mr. Sam Stahl
Dr. & Mrs. James W. Merricks	Dr. & Mrs. C. Bruce Taylor
Mr. & Mrs. Guy S. Osborn	Mr. & Mrs. J. H. Wallovick
Mr. & Mrs. Edward E. Robins	Mr. William H. Wilder

In Memory of Mr. Irving McHenry

Miss Alma F. Chied	Mr. & Mrs. L. Otis Green
Miss Caroline Chied	Mr. James J. Murray
Mr. & Mrs. Wm. F. Chied	Mr. Carl B. Rogers
Edgewater Paper Company	Mr. Walter C. Ross
	Mr. G. A. Vollmer

THE PRESBYTERIAN HOSPITAL OF THE CITY OF CHICAGO

Founded in 1883

1753 W. CONGRESS STREET CHICAGO 12, ILLINOIS
Telephone SEeleY 3-7171

OFFICERS and MANAGERS

FRANKLYN B. SNYDER	President
PHILIP R. CLARKE	Vice-President
R. DOUGLAS STUART	Vice-President
SOLOMON A. SMITH	Treasurer
ALBERT D. FARWELL	Secretary
FRED S. BOOTH	Assistant Secretary
A. J. WILSON	Assistant Secretary

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James D. Cunningham	Donald R. McLennan, Jr.
Albert B. Dick, Jr.	Anthony L. Michel
John B. Drake	Fred A. Poor
James B. Forgan	John M. Simpson
Willis Gale	E. Hall Taylor
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	Clarence S. Woolman

CLERICAL MANAGERS

Harold L. Bowman, D.D.	W. Clyde Howard, D.D.
Alvyn R. Hickman, D.D.	Luther E. Stein, D.D.

HONORARY MANAGERS

Alfred E. Hamill	John McKinlay	John W. Welling
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ADMINISTRATION

WILLIAM G. HIBBS, M.D.	Medical Director
LESLIE D. REID	Superintendent
REV. LOUIS W. SHERWIN, D.D.	Chaplain

MEDICAL STAFF

HEYWORTH N. SANFORD, M.D.	President
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HARRY BOYSEN	Secretary-Treasurer

WOMAN'S BOARD

MRS. BURTON W. HALES	President
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DEPARTMENT OF NURSING

M. HELENA McMILLAN	Director Emeritus
MISS SYLVIA MELBY	Director

THE PRESBYTERIAN HOSPITAL BULLETIN
DOROTHY YANDAWORKER, Editor

More than 516,000 patients have received care in Presbyterian Hospital since it was founded in 1883 as a not-for-profit institution "for the purpose of affording surgical and medical aid and nursing to sick and disabled persons of every creed, nationality, and color." No one of these patients ever paid the full cost of the services he received. Generous men and women of yesterday, on a purely voluntary basis, built and equipped the hospital and have helped to maintain it. Their benefactions have been far-sighted investments in human welfare. The Board of Managers is confident that friends of humanity today will make similar investments to ease the burden of sickness and promote the further advancement of medical knowledge.

* * *

SIXTY-EIGHT YEARS OF PUBLIC SERVICE
THROUGH PRIVATE INITIATIVE
AND FREE ENTERPRISE



